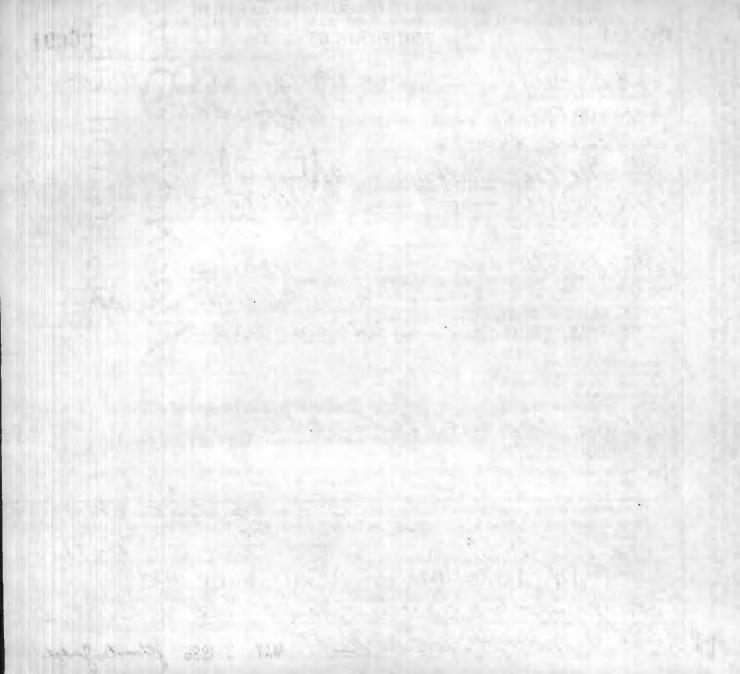
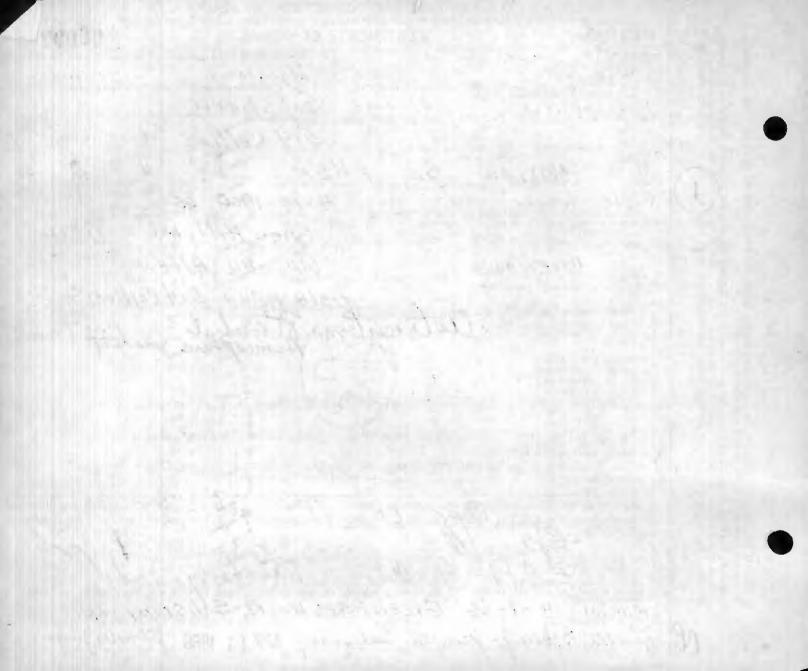
1/			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MADVI AND
£ '75	\mathbf{M}	1	CERTIFICATE OF DEATH	06091
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he de y the	-#		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
es that the physician.	, cre		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corcoclerose Hert XIBBERSE	1 yt.
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e law atte	다 전	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8	19. WAS AUTOPSY PERFORMED?
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TECTO SECTION OF SECTI	with			the date stated above PATE SIGNED
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₽4 H C	d be		22c. RHYSICIAN'S NAME (Type) Dyvid J. Gilmore 32/3 DURY, Md	
TO HOS Page TO FUN	shou	232	BURIAL CREMATION, 23b. DATE THEREOF 23cl NAME OF CEMETERY OF CREMATORY 23b LOCATION City, town or construction (Specify) 4727/66 Seast flux hard Carst flux har	ounty) (State)
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6	1 (N		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	thin 24 hours tely filled in by you papers. Pag within 72 hours	00	514 Collins St. VES NO
	executed within and completely remove carbon any event, within		3. NAME OF DECEASED First Middle Last 4. BATE Month Day Year
	ven ven	1	(Type or print) Marrow 6, HIEN DEATH 4 2 1966
	executed wi		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Funder 1 year If under 1 year If under 24 Hr Married Near Wilder Wilder
			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	icate be e physician in please r wal, and in		Snow Hill, Md. 11,5,A
	ding ph Then removal		13. FATHER'S NAME
	eath certifica attending ph ermit. Then on, or removal		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	death certificate be le attending physician permit. Then please tion, or removal, and i		(Yes, no, or unknown) (If yes give war or dates of service) Viola Allen - 514 Collins St. Salis.
	a + + E		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deal Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the af director, page 3 should be detached for use as the burial-transit pershould be filed with the State Dept. of Health prior to burial, cremation,		immediate cause (a) Werkey Coma / Cerefigle / 1-1/ Transt
	sign urial		Conditions, If any, which \ (b)
	ing l		gave rise to immediate Cause (a), stating the DUE TO
	aw r tend las t as t prior		Underlying cause last.) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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	the detail		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4
	O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat		
	TENE taine OR: hould		21. I certify that (I) (this hospital) attended the deceased from 19 6 to 5 (1966), that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I) (we) late saw the deceased alive on 1966 that (I)
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	Page 4 mi O FUNERAL director, p		NAME (Type) F. A. Far izell Md. Salistury, md.
	Page FU direc		23a. BURIAL, CREMATION, 23b. DATE THEREOF 29c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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	led yers. 72 h	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address		e. IS RESIDENCE ON A FARM?
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1	rbon r wii	3. NAME OF DECEASED First Middle	Andrews DEATH April	Day Year
pa v	ca	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	11.10.003	2 19 66
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certificate be	g ph	Silas Christopher	Ellen Dukes	
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the death	atte ermit n, or	(Yes, no, or unknown) ((If yes give war or dates of service)	Mrs. Bertha Magers, Hurlo	יים אלם
9	the it pe	18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).]	and S. Del the magers, Rario	INTERVAL BETWEEN
======================================	d by rans crem	PART I. DEATH WAS CAUSED BY:	which Heart allseas	ONSET AND DEATH
that	gner ial-tr	4200 DUE TO		
requires	on sind control	Conditions, If any, which gave rise to immediate (b)		
red	or tr	cause (a), stating the DUE TO underlying cause last.		
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四 記 記 記	or by the nospital of attentions of Affer this certificate has been d be detached for use as the be State Dept. of Health prior to be		triory, street, office bidg., etc.)	(3(210)
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OR ATTENDING	IRE Se 3	228 SIGNATURE	ATTENDING - MED STAFF	ATE SIGNED
	Page (file	22c. PHYSICIAN'S	I.D. PHYS. DIRECTOR PHYS.	
HOSPITAL	rage 4 indy be retained O FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the	NAME (Type)	22d. ADDRESS Salisbury, Md.	
O HC	rage 4 indy be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or con	
-	-	Burial April 25, 1966 Hillo	rest Federalsburg	
	A15 (4)	L. Hanny Vielenna - Faler Course	APR 20 1966 Kelland	as Judge
15	M 4-64 \WW) YYO . DATE	

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1 1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
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≥ <u>₽</u> @≒	(Type or print) HARRY BARNES AUSTIN DEATH APRIL	25 1966
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at the death certification.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Willie W. Austin (Brother) 40 Church Street Salisbury, Man	08 East ryland
the c Jr by the nsit p	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	ty) (State)
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M	24. FUNERAL DIRECTOR ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25c. REGISTRAR 25c. REC'D BY REGISTRAR 25c. REG	an di
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certifica Iding ph Then removal	HENRY NIRRIETT FLIENDAVIS
e death certificate be the attending physician it permit. Then please nation, or removat, and i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
death e att permion, c	142146326 NOTTNE DUVER, DEL.
aw requires that the deat tending physician. has been signed by the at as the burial-transit perreprior to burial, cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (e), 1 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
that Ician red I I-trar	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contains aleratic Heart Nessere Type 4 & C O DUE TO
phys phys sign buria buria	Conditions, if any, which } (b)
ding ding beer the	gave rise to immediate cause (a), stating the DUE TO
ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. CTOR: After this certificate has been signed by the should be detached for use as the burial-transit with the State Dept. of Health prior to burial, creman	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
N. The lated or attificate hor use for use Health properties the second or the second	YES NO PI
Spita Spita ertified for	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
PHYSICIAN: the hospital r this certific detached for	
ING PH I by th After t be de State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. while at work at
ATTENDIA etained TOR: Af should ith the S	21. I certify that (I) (this hospital) afterded the deceased from 4/15, 1966 to 7/24, 1966, that (I) (we) last
OR ATTENDIO OR ATTENDIO INFECTOR: Ai ge 3 should sed with the S	saw the deceased alive on 4 19 66, and that death occurred at AM, from the causes and on the date stated above.
y be DIRE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
PITAL RAL Sr, Po	22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY PR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Burks (Specify) 4-26-66 Buckingham Berlin, ma.
VD 435 (4) 1	24. FUNERAL DIRECTOR ADDRESS
15M 4-64	William & Colsans fe. 150 iglificapate 150 1000 from front
VR A15 (4)	William Calsam Je Deorgetann APR 28 1966 Johnster Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 14 (notitution: Residence before admission) a. COUNTY b. COUNTY the frees 1 Wicomico Marvland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury(Rural Rural l d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? NO TO 210n Road Zi on Road YES executed within NAME DE First DATE Middle Last Day DECEASED 1965 HABRY GARBER BIEHN APRIT (Type or print) DEATH 5. SEX removii any eve 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min 7. MARRIED NEVER MARRIED Male WIDOWED F DIVORCED [physician and please reval, and in ≘ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) The law requires that the death certificate be Salesman -Office Hauipment Philadelphia. TΤ S Pa. tending phys lit. Then plo or removal, 13. FATHERIS NAME 14. MOTHER'S MAIDEN NAME Martha Garber 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT d by the attenctransit permit. I.Biehn(Wife)R.D.#5Zion Rd (Yes. no. or unkown) (If yes give war or dates of service) YES Maryland Sallsbury CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND PEATH signed by urial-transit PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Jub. been s re buria, burial, DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating Drior underlying cause last. 98 CERTIFICATION PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate the hospital or No M YES PHYSICIAN: 20a. ACCIDENT WAS UNBERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) detached MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year I 20f. (Gity or town) (County) (State) Hour a.m. After While at work Not While at work DIRECTOR: A age 3 should led with the S v 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on and that meath occurred 22b. DATE SIGNED 22a. SIGNATURE page MED. DIRECTOR STAFF M.D. PHYS. шау O HOSPITAL FUNERAL ADDRESS 22c. PHYSICIAN 22d. director, p should be 1 NAME (Type Ave.Salisbury.Maryland BURIAL, CREMATION, 23b, REMOVAL (Specify) M. Burisl 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREOF 66 2 Arlington National Arlington, FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06101 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution: Residence before admission o COUNTY 6 COUNTY Wicomico 5 Maryland Wicomico deoth. MARYLAND EITY OR TOWN (If outside corporate limits write RURAL and give nearest town) C LENGTH OF STAY IN 36 c ETY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Fruitland Salisbury d NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? Within 72 haurs Peninsula General Hospital Item 18. Give Poges Office along with for Box_375 NO X YES] hours after deoth 3. NAME OF First Middle 4 DATE tost Month Dgy DECEASED 0F ELWOOD BIVANS 4-21-66 (Type or print) DEATH S. SEX 8 DATE OF BIRTH IF LINDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9 AGE (in years Jast bythdoy) 2-28-19 WIDOWED DIVORCED 100 JSUADOCCUPAT ON (Give kind of work done 106 KIND OF BUS NESS OR 12 CITIZEN OF WHAT pages l in any This certificate should be executed within and SOCIAL SECURITY NO 17 INFORMANT Address ar remova! wishive wor or dates of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN burial-transit Days DEATH PART I DEATH WAS CAUSED BY Acute pancreatitis IMMEDIATE CAUSE (o) writing the word burial, cremation, DUE TO forwarded to the Years Conditions, if ony, which gove Chronic alcoholism ase to immediate couse (o), DUE TO stoting the underlying couse 0 00 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? MEDICAL CERTIFICATION YES ST NO please execute the certificate, designated agent, prior to 200 EXTERNAL CAUSE WAS PR MARK TO CUNTRIBUT NG 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of term 18) CAUSE OF DEATH 20e PLACE OF NJURY (Home, form, 20c T-ME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) factory, street, affice bidgi, etc.) may be retained for your FUNERAL DIRECTOR: Page Not While of work 21 I certify that Liaok charge of the remains described obave, held on Autopsy [X], Inspection X Inquiry [X], ond in my opinion deoth resulted fres Natural causes X Suicide -Undetermined manner Accident | Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MED CAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER Royer, April 23, 1966 Earl O FUNER Health Address (Street, city, town, or county) OR CREMATORY (Stote) VR A15ME (5

1 (NA	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MADVI AND
N	CERTIFICATE OF DEATH	"8"6179"9
funeral and 2 r death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY	Residence before admission)
ter the fu	WICOMICO MARYLAND STATE	
24 hours after death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	L and give nearest town)
hour hour rs.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE
	Peninsula General Hospital morris St	ON A FARM?
ithin etely bon with	3. NAME OF DECEASED (Type or print) DAVID A. BLACK DEATH ADRIL	Day Year
od w		19 66
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely r use as the burim-transit permit. Then please remove carbon pealth prior to burial, cremation, or removal, and in angevert, within	MARIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years In Unit) Months WIDOWED DIVORCED 2-10-88	ER1 YEAR IF UNDER 24 HRS. Days Hours Min.
an all	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
cate be ex physician a n please re ral, and in	Hotor more Wicomics Co.	15.A
certifical	13. FATHER'S MAIDEN NAME	
death certifica he attending ph permit. Then tion, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
leath atte	(Yes, no, or unknown) (If yes give war or dates of service) 24-36-6532 Dina Blocks	
or the death ian, d by the atter ransit permit, cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
hat the ician. ed by the transit I, crema	IMMEDIATE CAUSE (a) Constituting Occurrence.	MIN.
requires that the ding physician. been signed by the burim-transir to burial, crem	Conditions, If any, which) Ob Chrenical extrement desiret	YEARS
required of the period of the	gave rise to immediate (cause (a), stating the DUE TO	
aw re ttendi has b as th prior	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
The Or all are laste las	acute de luma re trondutes	a) 19. WAS AUTOPSY PERFORMED? YES NO TA-
AN: pital pital of Hor	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10. 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 10. CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 10. (If EITHER, NOTIFY MEDICAL EXAMINER)	18.)
rsic hos is ce ache ept.	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (C	County) (State)
of the er the ate D	Hour a.m. While Not While factory, street, office bidg., etc.)	ounty) (State)
ADINA red b red b red b	21. certify that (I) (this hospital) attended the deceased from 7-5, 1966, to 4-7, 19	6 G that (I) (we) last
TTE etain STOR Should fifth to	saw the deceased alive on 4-5 19-6, and that death occurred at 12-2M, from the causes and on	the date stated above.
OR / DIRECT W Sed w	22a. SIGNATURE A STAFF DIRECTOR DIRECTOR PHYS.	DATE STORED
may may sal of the file	22c. PHYSICIAN'S NAME (Type)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burim-transhould be filed with the State Dept. of Health prior to burial, cre-		county) (State)
Pa Pa To F Giris	23a. BURIAL, OREMATION, 23b. DATE THEREOF 23c. NAME ON CEMETERY OR CREMATORY 23f. LOCATION (City, town or of the control of th	MO
nf.		AR'S SIGNATURE
VR A15 (4)	Dokel M. Wat Selekuky, Md. DATEPR 12 1966 Jan	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06103 CERTIFICATE OF DEATH death. funeral PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Wicomico b. COUNTY Maryland after the MARYLAND Wicomico by the Pages CITY DR TOWN (if outside corporate limits, write_RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours hours Salisbury days Delmar d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) filled e. IS RESIDENCE DN A FARM? d. STREET ADDRESS event, within 72 24 Deer's Head State Hospital 3rd Street ND A within completely carbon 3. NAME DE First Middle Last DATE 4. Öav Year Mon th DECEASED OF DEATH Arlanta (Type or print) Blavlock 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX and cor OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS birthday) Months any Days Hours Female White 11-28-1887 WIOOWED IX OLYORGED F and In 10a. USUAL OCCUPATION (Give kind of work done | 10b. KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician 12. CITIZEN OF WHAT ease during most of working life, even if retired)
Maintenance Railroad Snow Hill. Md. removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Lank Priscilla Cherrix attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. permit. 5 cremation. No 716-01-6693 Catharine Hines. Prince Frederick. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] NTERVAL BETWEEN ONSET AND DEATH څ PART I. DEATH WAS CAUSED BY: Recurrent cerebral thrombosis days+yrs IMMEDIATE CAUSE (a) signed DUE TD Conditions, if eny, which (b) been gave rise to immediate as the prior to DUE TD cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICATI Diabetes mellitus NO PO YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) o, hed 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. After Id be d Not While ATTENDING p.m. at work retained DIRECTOR: A age 3 should iled with the 9 1966__ that (I) (we) last 19 65 21. I certify that (I) (this hospital) attended the deceased from 1966 saw the deceased alive on. from the causes and on the date stated above. and that death pocurred at-22a. SIGNATURE 22b. DATE SIGNED page ATTENOING PHYS. MEO. OIRECTOR STAFF PHYS. 5/2/66 M.O. 4 may HOSPITAL TO FUNERAL **PHYSICIAN'S** 22d. ADORESS director, p NAME (Type) "aldve. Deer's Head State Hospital: Salisbury Md Page 4 23a. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. BREWOYAL (Specify) St Stephens Delmar. 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles W. Marvel. Delmar, Del. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06104 funeral and 2 death 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE New York b. COUNTY Kings Wicomico MARYLANO by the Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Paginin 72 hours write RURAL and give nearest town)
Salisbury ${\tt Brooklvm}$ e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ACORESS 531 E.22nd Street **DN A FARM?** Medical Center within YES NO X n and completely i executed within 3. NAME OF DATE Day Year First Middle Last Month DECEASED DF DEATH 1966 (IMM BURGER APRIL 5th ROSE (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months | Oays | Hours | Min. 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIEO NEVER MARRIEO Nov. 5/1898 Female White WIDOWED X OIVORGED [attending physician af ermit. Then please rei on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY?
USA 11. BIRTHPLACE (County & State, or foreign country) Austria S House wife death certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Fannie (Unk) Morris Bader Mrs. Bidney(Anne B.) Advocat(Daughter ed by the attenctransit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 405 Allenwood Dr. Salisbury, Md. 21 INTERVAL BETWEEN ONSET, AND OEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] requires that the been signed by the burial-transit or to burial, crema PART I. OEATH WAS CAUSED BY: 40 CARDIAL attending physician. IMMEDIATE CAUSE (a) DUE TO ARTURIOSCIENOTIC HEATT DISCOSE Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health I PERFORMED? certificate hospital or NO TY YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State I Hour a.m. After Id be d Not While 19 at work at work p.而. should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at # PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENOING PHYS. STAFF Apr. L.WY DIRECTOR director, pa HOSPITAL 22d. AOORESS 22c. PHYSICIAN'S Salisbury, Maryland Medical Center Reeves 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. Beth Israel Cemetery Woodbridge, New Jersey DEC'D BY REGISTRAR | 25b REGISTRAR'S SIGNATURE ADORESS 24. FUNERAL DIRECTOR COMPANY SALISBURY MARYLAND HOLLOWAY & VR A15 (4) 20M 1/65

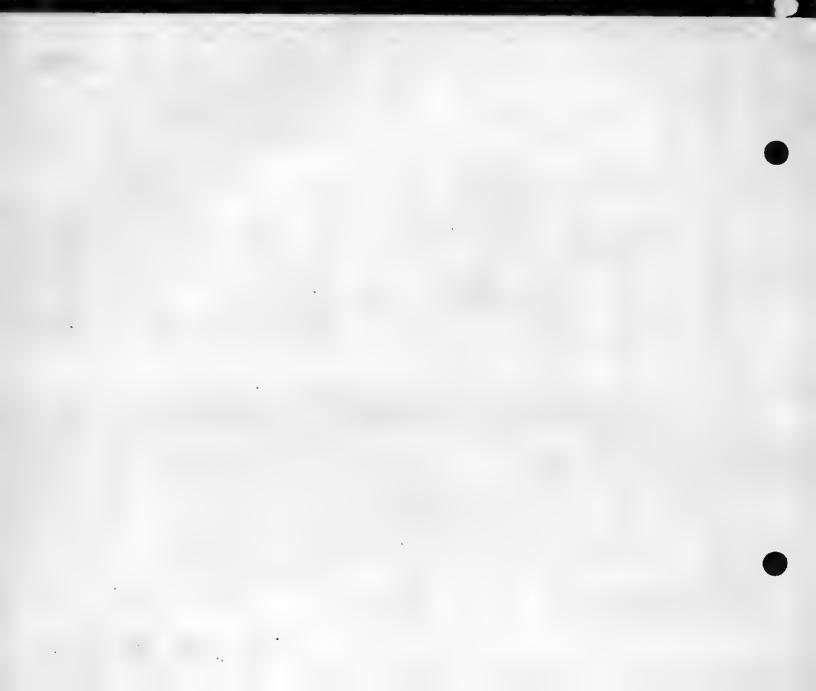
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY . b. COUNTY after completely filled in by the 1 we carbon papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b outside corporete limits, write RURAL and give nearest town c. CITY OR TOW hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO V YES certificate be executed within 3. NAME DE Middle DATE Last 4. Month Day Year DECEASED DF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. NEVER MARRIED Hours WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician, in please in wal, and in 10b. KIND OF BUSINESS OR & State, or foreign country) 12, CITIZEN OF WHAT USEWITE OWN HOME removal, FATHER'S NAME MOTHER'S MAIDEN NAME attending permit. Ther 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT After this certificate has been signed by the atten d be detached for use as the burial-transit permit. State Dept. of Health prior to burial, cremation, or (Yes, go, or unkown) (If yes give war or dates of service) requires that the death CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. NO YES [20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) Month, Day, Year 20f. (County) factory, street, office bldg., etc.) Not While While at work at work the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last TO FUNERAL DIRECTOR: director, page 3 shou should be filed with th and that death occurred at 732M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENDING MED. DIRECTOR STAFF M.D. PHYS. PHYS Page 4 may PHYSICIAN'S 22c. 22d. ADDRES NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. THEREOF 23d (State) **FUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY filled in by the fu papers. Pages 1 a in 72 hours after d c. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) after MARYLAND b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b I completely filled in by t ove carbon papers. Page y event, within 72 hours at hours d. STREET ADDRESS e. IS RESIDENCE do NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) DN A FARM? YES NO. within DATE Month Day Year NAME OF Middle Last OF DECEASED DEATH 19 (Type or print) executed (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS AGE SEX DATE OF BIRTH n and con remove in any eve 7. MARRIED NEVER MARRIED last birthday) Months . WIDOWED Z DIVORCED 83 11/BIRTHPLACE (County & State, or foreign country) 42. CITIZEN OF WHAT to a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR attending physician rmit. Then please r t. Then please r INDUSTRY COUNTRY? The law requires that the death certificate be Store H MOTHER'S MAIDEN N 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Vec. no. or unknown) | (1f yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMAN Address TO FUNERAL DIRECTOR. After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or in the state Dept. of Health prior to burial, cremation, or in the state Dept. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND GEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating cause underlying cause last (C) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION PERFORMED? YES ND O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at a M, from the causes and on the date stated above. 19 6/1 saw the deceased alive on. 22b. DATE SIGNED 228. SIGNATURE MED. DIRECTOR ATTENDING M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) (State) LOCATION (City, town or county) OR CREMATORY 23d. BURIAL, CREMATION, 23b. 23c. NAME OF REMOVAL (Specify) **FUNERAL DIRECTOR** VR A15 (4)

15M 4-64



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
A	06107 CERTIFICATE OF DEATH
hours after death. d in by the funeral rs. Pages 1 and 2 2 hours after death.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
within 24 hours after of letely filled in by the furbon papers. Pages 1 st, within 72 hours after d	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
n by Pagi Durs a	write RURAL and give nearest town) Sah 15 h wry 14 DAYS Sea + 15 h RURAL
ted is	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
in 24 fille in pape thin 7	Paninsaha general 14/30x 39/ YES NO
ted within completely we carbon p	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Mande ELIZABETH Bayden DEATH April 29 1966
executed wi	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
exec and and	TEMALE NHITE WIDOWED DIVORCED
be be siciar ease, and i	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOUSELUIFE OLUN HOME DELAWALE USA
ficate ; phy en pl oval;	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
nding Thy	THEODORE - BLADES ANNIE BUSINELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address
The law requires that the death certificate be executed within or attending physician. The attending physician and completely ruse as the burial-transit permit. Then please famore carbon sealth prior to burial, cremation, or removal, and in any event, with	Yes, no, or unknown) (If yes give war or dates of service) NONE ROWALD F. BOWDEN - SEAFORD NEL.
he d y the sit p matic	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONEST AND DEATH
hat t ician. led b I-tran I, cre	IMMEDIATE CAUSE (a)
lires the physician signer purial-t	Conditions, if any, which } (b)
CGAN: The law requirespital or attending terrificate has been hed for use as the L. of Health prior to the S.	gave rise to immediate Cause (a), stating the DUE TO underlying cause last.
he law re or attendi ate has b use as th	
	YES NO NO
certi certi hed 1	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) [OR CONTRIBUTING T] CAUSE OF BEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre-	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
d by After I be Stat	
OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat	21. I certify that (I) (this hospital) attended the deceased from 1966, to 1966, to 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 1968, from the causes and on the date stated above.
OR AI IRECI With	228. SIGNATURE 22b. DATE SIGNED
TAL (may AL D Page e file	22C. PHYSICIAN'S 22d. ADDRESS
TO HOSPITAL Page 4 may O FUNERAL I director, pag should be fill	NAME (Type) Medead quela Sulabury Mel
Page Children	BURIAL CREMATION, 236. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL MAY 1, 966 ODD FELCUS CEMETERY SEAFORD. DELAWARE
	24. FUNERAL DIRECTOR ADDRESS 258. REO'D BY REGISTRAR'S SIGNATURE
VR A15 (4) _ 15M 4-64	aunter M. Watson-SEAFORD DELAWARE DAMAY 3 1966 Charles Judge



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
F 50 F	06108 CERTIFICATE OF DEATH
hours after death, din by the funeral rs. Pages 1 and 2 hours after death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
fter the f	(VICONICO
by 1 Page urs a	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
hou hou sirs.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 0. IS RESIDENCE
A fille	LENINSULA (SENERAL HOSPITAL Franklin St. VEST NOW
The law requires that the death certificate be executed within 24 hours after or attending physician. The law leam signed by the allending physician and coupletely filled in by the fast has as the burial-transit permit. Then please remove carbon papers. Pages 1, all prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, prior to burial, cremation, or removal, and in any event.	3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE Month Day Year (Type or print) A DATE DECEASED (Type or print)
Need of	E OF CONTRACTOR OF THE PROPERTY OF THE PROPERT
mag c	Dala J. J. J. J. Markied Never Markied S. Age (iii years) FOWDER 1 VERK IF ONDER 24 HRS.
e ex	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHREACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
te b lysici pleas pleas	Owener Derstor Auto Agency Snow Hill Maryland U.S.A.
tifica ng III noval	13. FATHER'S NAME
cerl endir t. T	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
feath sermi	(Yes, no, or unkown) (If yes give war or dates of service) 219320312 Elsie P Bradford Snow Hill Hd.
the c	18. CAUSE OF DEATH LETTER ONly One Cause per line for (a), (b), and (c).]
hat t cian. ell b tran	1 7 7 7
res t physi sign purial	Conditions, if any, which) (b) along execution a -
equiling i	gave rise to immediate cause (a), stating the DUE TO
ttend this las	underlying cause last. (c) Protable Panctealle 10 1110.
ICIAN: The law requires that the death certificate be e cospital or attending physician. Certificata has mean signed by the allending allysician, thed for use as the burial-transit permit. Then please rot, of Health prior to burial, cremation, or removal, and in	PERFORMED?
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PHYSICIAN: the hospital this certific detached for te Dept. of H	
OR ATTENDING PHYSICIAN: be retained by the hospital ILECTER: Liter this certifi ge 3 should be detached fo ed with the State Dept. of H	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. while at work at
OR ATTENDING P be retained by ti ILECTER: Efter ge 3 should be d with the State	
ATTENE retaine CTER: Shouk	21. I certify that (I) (this hospital) attended the deceased from Feb., 1950, to App., 1966, that (I) (we) last saw the deceased alive on 1819 66, and that death occurred at AM, from the causes and on the date stated above.
OR All	22a. SIGNATURE 22b. DATE SIGNED
	22c. PHYSICIAN'S DIRECTOR PHYS. PHYS
FIGURE OR ATTENDING PHYSIC) Page 4 may be retained by the hos O ELLERAL ELLETER: Effer this co director, page 3 should be detache should be filed with the State Dept.	NAME (TYPE) DAVID RAFAT Snow Hell Med.
Page Page of the show	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR ORLMATORY 23d. LOCATION (City, town or county) (State)
F.	REMOVAL (Specify) 4-21-66 Whateost Methodist Snow Hill Mal 25d. FUNERAL DIRECTOR ADDRESS 1 25d. REC'D BY REGISTRAN'S SIGNATURE
VR A15 (4)	Forman F. Nemis Snow Hill Med DAPR 21 1966 Charley Judge
15M 4-64	The state of the s



M	Division of STAT	MARYLAND STATE DE ISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201
ATE	96109		CERTIFICATE OF DEATH	06106
DEPT.	PLACE OF OEATH		2 USUAL RESIDENCE (Where deceased lived, finst	
2 haurs after death.	· COUNTY Wicomico	MARYLAND	o. STATE b. 0 Maryland	Wicomico
	b CITY OR TOWN (f outside corporate la write RURAL and rive persest town)	m ts, c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate Limits, write	RJRAL and give nearest town)
	write RURAL and give nearest town) Salisbury		Mardela Springs	3
	d name of hospital or institution (ii	not in hospital, give street address)	d STREET ADDRESS	e IS RES DENCE ON A FARM?
		General Hospital	RFD L	YES NO 🗹
3	NAME OF DECEASED	First Middle	0.0	forth Ooy Year
-	(Type or pant) SEX 6 COLOR OR RACE		OWIN	19 FUNDER 1 YEAR 1F UNDER 24 HRS.
,	M AA	7 MARRIED NEVER MARR EO D VORCED D VORCED	lost buthday	Months Doys Hours Man
1	Do USUAL OCCUPATION (Give kind of work do	ne 10b KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign gountry)	12. CTIZEN OF WHAT
d	uring most of working life, even if ret red)	HACTOYY	md:	COUNTRY? USA
	3 FATHER'S NAME	50	14 MOTHER SMAPDEN NAME	6,
	Devin He	CC	Elisaseth 1	2 Kawn
	S. WAS DECEASED EVER IN U.S ARMED FORCE Yes, no or unknown) (flyes give wer or dot		INFORMANT	daress
	408 00 /U)	2 1//	1195 Elysleth	Brown (Amden he
	VB. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY.		0	NTERVAL BETWEEN ONSET AND DEATH Sudden
$\sqrt{}$	R / / 9 IMMEDIATE CAL	SE (o) Crushed chest		Sudden
	Conditions, if ony, which gove)			
	rise to immediate cause (a), stating the underlying cause ((b) UE TO		
	lost.	(c)		
	PART II OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
CEDTICICATION				YES NO 💢
13170	2Do EXTERNAL CAUSE WAS PRIMARY 120 OF CONTRIBUTING		(Enter noture of injury in Part I or Port II of Item 18)	
10			cle that collided with p	
89	Hour o.m		CE OF INJURY (Home form 20th (City or town one street office b do etc.) St Light Road Hebron	
0	T-20 XW TL-77-00			Wicomico, Md.
		rge of the remains described above, he	, ,	nguiry X, and in my opinion
	death resulted frant: Nati	urai couses 🔲, Accident 🗶, Suic	ide , Homicide , Undetermined	manner
	ACTUAL SIGNATURE	- Kn x/	M.D. ASSISTANT MEDICAL EXAMINER	22. OATE SIGNEO
	EXAMINER'S Earl L. Ro	oyer, M.D.	OEPUTY MEDICAL EXAMINER	April 25, 1966
, <u> </u>	NAME (Type) 109 Camder	Ave. Salisbury, Md.	Address (Street, city, town, or county)	
2	20 BORIAL (REMATION 23b DATE	THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or	Town) (County) (State)
	24 ENERAL DIRECTOR	8-66. Sparplace	250 RECO BY REGISTRAR 256	DECISIONS SIGNATURE MANDE
1	James D. 11	rehiell Fact	OATE ME 2 9 1966	Clientes June
	11-11-11	LUCY LUCY	IN THE MER LU IDOU	



1/1/1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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24 hours after death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Of COUNTY Of COUNTY
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by the Pages	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in I Pour	Salisbury GNAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) G. STREET ADDRESS 6. IS RESIDENCE
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nia pi ithiri	TENINSULA (2 CNOPA) HOSPILA! ROULE 3, 12 of 2/6 YES NO.
be executed within 24 hours a second campletally filled in by least femove carbon papers. Pagand in any event, within 72 hours	3. NAME OF DECEASED (Type or print) Bryant April 26 1966
cem cevel	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IIF UNDER 1 YE
xect	Male 100900 WIDOWED DIVORCED 4-26"66 yrs. 15+
d in	10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate la	13. FATHER'S NAME
tifica nova	C'I
cer ndir L. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, mo, or unknown) ((If yes give war or dates of service)
OR ATTENDING PHYSICIAN. The law requires that the death certificate be ebe retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician is 3 should be detached for use as the burial-transit permit. Then pleaser ed with the State Dept. of Health prior to burial, cremation, or removal, and in	(Tes, no, or unknown) (Tyes give war or dates of service)
the dipplementation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
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g ph en s en s bu	Conditions, if any, which (b) (b) gave rise to immediate
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y the	Hour a.m. While Not While factory, street, office bldg., etc.)
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THEN TATE TOR:	saw the deceased alive on 4/14 19 64, and that death occurred at 1/34 M, from the causes and on the date stated above.
REC 9	22a. SIGNATURE 22b. DATE SIGNED M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
AL ON THE DISTRIBUTION OF THE PAGE	M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S
TO HOSPITAL OR ATTENDING PHYSI Page 4 may be retained by the h TO FUNERAL DIRECTOR. After this director, page 3 should be detacl should be filed with the State Dep	NAME (Typid) medical Center - Jahry, Int
Page Page O FU direct	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL ISPACITY 4-28-66 NRW Bellie Berlie
ρ.	24. FUNERAL DIRECTOR 2 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	- Loretta R. Jolly Jersey Rd. Date MAY 10 1966 Acharles Judge
15M 4-64	I DATE WILL A SOUTH OF THE PARTY OF THE PART



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Wicomico ryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Salisbury c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. LENCTH OF STAY IN 1b oon papers. Pag within 72 hours Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? Pen.Gen.Hospital Camden Ave. No X etely executed within bon 3. NAME DE First Middle Month Last DATE Day Year DECEASED JOSEPH SAMUEL CAREY APRIL 22 19 66 (Type or print) DEATH 5. SEX ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. 6. COLOR OR RACE DATE OF BIRTH етоме 9. 7. MARRIED NEVER MARRIED Sept. 12/1893 Male WIDOWEO DIVORCEO [10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? US PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) Retired Ins.Agency Owner Wicomico Co. Maryland Α 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME remova has been signed by the attending as the burial-transit permit. The prior to burial, cremation, or remo Joseph Simpson Carey Laura Jones Mrs.Blanche Sal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | | 16. SOCIAL SECURITY NO. Carey [Wife (Yes, no, or unkown) (If yes give war or dates of service)
YES W. W. # Cite 2 Camden CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that the be retained by the hospital or attending physician. IMMEDIATE CAUSE (a **OUE TO** Conditions, If any, which (b) gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY 419. for use Health PERFORMEO? YES ... NO [20a, ACCIDENT WAS UNDERLYING IT OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) tached f OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) (State) 20f. (City or town) (County) After thi factory, street, office bldg., etc.) Hour a.m. While - Not While at work at work DIRECTOR: A age 3 should lied with the \$ 21. I certify that (I) (this hospital) attended the deceased from 2 M 5 Roff the couses and on the date stated above. and that death occurred Insaw the deceased alive on 22a. SIGNATURE DATE SICNED director, page should be filed v M.D. Page 4 may FUNERAL PHYSICIAN'S 22d. AODRESS NAME (Type) Center Salisbury, Maryland 23d. LOCATION (City, town or county) 23b. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 2 966 Wicomico Memorial Park Salisbury.Maryland 24. FUNERAL DIRECTOR ADORESS REC'D BY REGISTRAR | 25b. RECISTRAR'S SICNATURE VR #15 (4) 20M 1/65



1		1 6	K	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	MADVI AND
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		After the de de State		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	11
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	TTENDING Stained by	TOR Thou		saw the deceased alive on 196, and that death occurred at 11 P. M., from the causes and on	the date stated above.
	OR ATTENDI	RECTO 3 sho		ATTENDING - MED STAFF	DATE SIGNED
			.	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
	ZPIT A	d be to the	4	NAME (Type)	
	O HOSPITAL	To FUNERAL DIRECTOR: director, page 3 shoul should be filed with the	1	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or c	ounty) (State)
	2	10		PREMOVAL (Specify) 4-26-6 PEACE DALE HIGHLIAN DE CADDRESS 1250, REC'D BY REGISTRAN 250, REGISTRA	P'S SIGNATURE
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1	MARYLAND STATE DEPARTMENT OF HEALTH	
*(IVI)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	OCA OO
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ton com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In least birthday) Months Day	
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	allied C Holls M.D. ATTENDING MED. STAFF 7/26	0/1060
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TO HOSPITAL Page 4 may TO FUNERAL director, pa	- Control of the cont	y) (State)
Pa Pa	REMOVAL (Specify)	Md
	Burial 4/29/1966 Green Acres Salisbury 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S S	GNATURE _
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2 202	06114 CERTIFICATE OF DEATH 06110
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phy phy pur pur si pur pur	gave rise to immediate (1)
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ATTENDI retained ECTOR: A S should with the	saw the deceased alive on 19 and that death occurred at 5 M, from the causes and on the date stated above.
d will de A	ATTENDING MED. STAFF
AL C L D Page file	22c, PHYSICIAN'S A CHI = 1 + A & W. W. 22a, ADDRESS 2 V 6 N A CONSTRUCTOR
HOSPITAL age 4 may FUNERAL irector, pag	NAME (Type) Carrie Hearn, M. D. Sale Muy, hed
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR. A director, page 3 should should be filed with the	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coupty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Burial Apr. 28, 1966 Sunnyridge Cemetery Crisfield, Md.
n.P	24. FUNERAL DIRECTOR ADDRESS 25a, REGISTRAR 25b, REGISTRAR'S SIGNATURE MAY 2 1966 Coursely Judge
VR A15 (4) 4 15M 4-64	Bradshaw & Sons, Crisfield, Md.



1) [-	06115 CERTIFICAT	TE OF DEATH
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission
	Wicomico Marylan	* STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Salisbury 11 Mons.	Salisbury
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	Spring Hill Pr. Sana.	511 N. Pinehurst Ave.,
	3. NAME OF First Middle Middle	Last 4. DATE Month Day Year
	(Type or print) HORACE MILLER	CLARK DEATH 4 6 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR LIF UNDER 24 HRS.
	Male White WIDOWED K OIVORCED	Sept. 17,1881 Bat, birthday Months Days Hours Min.
ì	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relified)	STRY 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY
	Roads Engineer, Retired County Roads	New Jersey U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Louis F. Clark,	Chara chapin
i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1. [Yes, no, or unkown] [ffyasgivawerordalesofservice]	
	no 218-34-9496A 1	frs. Richard W. Cooper, Same
	18. CAUSE OF DEATH [Enter only one cause par line for jat), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	in lates
	332X DUE TO 01-1	1. la valant
	Conditions, if any, which \ (b) \ \ (\lambda \lambda \	all is could be
	gave rise to Immadiate cause (e), stating the undarlying DUE TO	
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		PLACE OF INJURY (Home, ferm, ' 201. (City or town) (County) (Sleta) factory, street, office bldg., stc.)
	Hour a.m. While Not While	
	21. I certify that (I) (this hospital) attended the deceased fro	m. LCC 19 6/10 4/6 , 1966; that (1) (we) las
	saw the deceased alive on	nat death occurred at M. from the causes and on the date stated above.
	200 SIGNATURE	22b. DATE
	V Outh Hacker	M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 4-6-1966 SIGNED
	22c. PHYSICIAN'S NAME (Type) Dr. Fan M. Poandeler	22d. ADDRESS
	NAME (Type) Dr. Earl M. Beardsley	Salisbury, Maryland
2	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	
	Burial 4-8-1966 Parsons Cim	etery Salisbury, Maryland
1	ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Hill Euneral Home Salisbury, Mar	Jana APR 1 1 1966 Charles Judge
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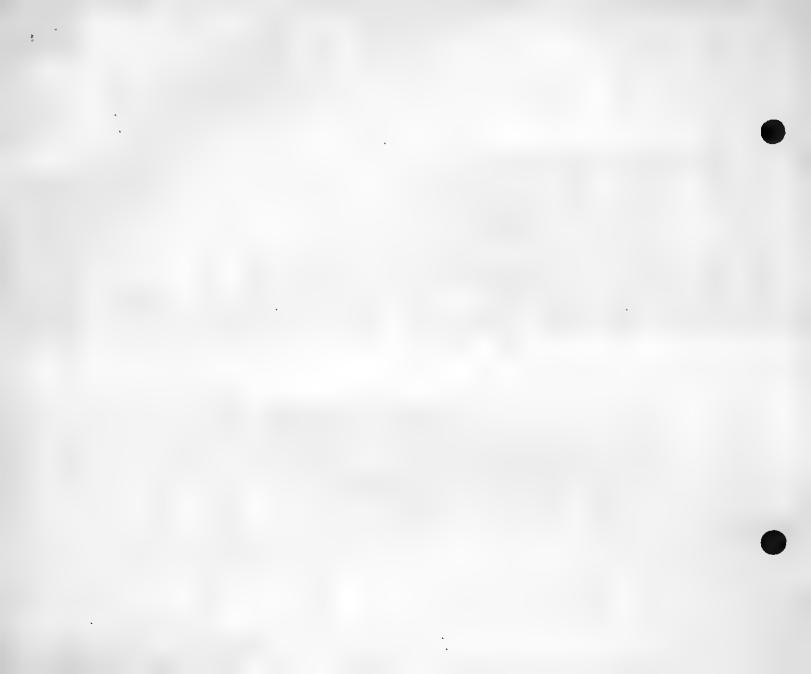


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06116 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 hours after death requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) b. COUNT Wicomico o. COUNTY o. STATE Maryland Wicomico MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RUPAL god give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lHr. Delmar hpletely filled in b e corbon popers event, within 72 ho e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 204 Chestnut St., 200 East St., YES 🗍 NO DC 3 NAME OF 4 DATE First Middle Lost Month Year DECEASED COFFIN 10 66 WILLIAM (Type or print) DEATH IF UNDER 1 YEAR S SEX 8 DATE OF BIRTH AGF (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Months Doys Hours 2-12-1906 White DIVORCED WIDOWED Male TDo USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12, CIT ZEN OF WHAT during most of working life, even if refired)

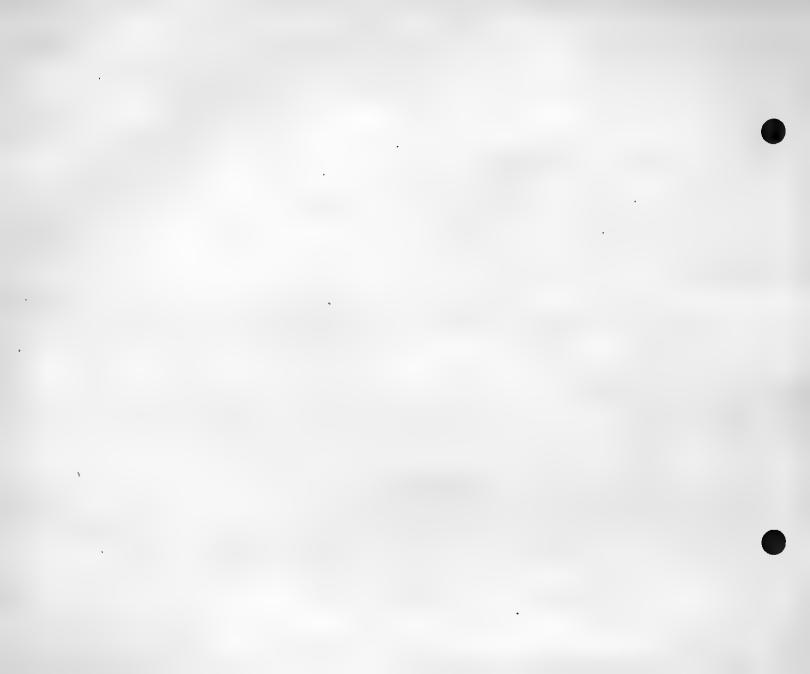
Retired Coast Guard physician of the please Retired U.S.A? Maryland 14. MOTHER S MAIDEN NAME 13 FATHER'S NAME Frances Beauchamp Harry Coffin 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Salisbury, Md. Mrs. Laura W. Coffin 218-20-3909 18 CAUSE OF DEATH (Enter only one couse per line for (of, (b), and (c))
PART 1 DEATH WAS CAUSED BY: NTERVAL BETWEEN signed by the burial-tronsit puriol, crematic ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR; After this certificate has been os the prior to PART II OTHER SIGNIFICANT ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? use enouti YES | No ьo 20g ACCIDENT WAS UNDERLYING
OR CONTRIBUTING □ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detoched f te Dept. of I (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour o.m. foctory, street, office bldg , etc.) at work 21. I certify that (1) (this hospital) attended the deceased fram. 19-55 ta 19 50, and that death accurred at \$50M, from casses and on the date stated above. saw the deceased stive an 22o. SIGNATURE 22b. DATE SIGNED 4-8-1966 DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. L.V. Sohler Delmar. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Spenify) Dolmar, Delaware 4-9-1966 St. Stephen Cemetery 25b REGISTRAR'S SIGNATURE ADDRESS 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Salisbury, Maryland VR A15 (4) 20 M 1/66 Charles



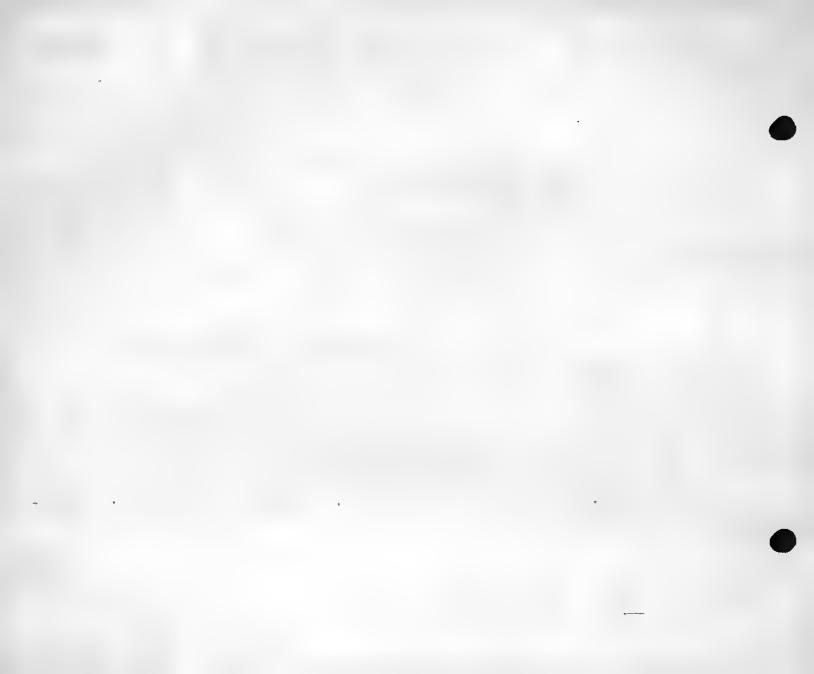
2	16:		MARYLAND STATE DEPARTMENT OF HEALTH
0	(M)		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 no 72 hours after death.	1.	PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
	ter c		MICOMICO MARYLAND MARYLAND WORCESTON
	rs af by the rs af		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
_	hour d in 13.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE
	fille pape	F	PENINSULA GENERAL HOSPITAL 327 Linden AVE YES NO
	executed within rang completely remove carbon in any event, within	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED 1/ + 4.
	ed womplowed	5.	(Type or print) NETTIE BALLARD CO/BOYENE DEATH APRIL 12 1966 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE 80 YORKS IFUNDER 1 YEAR IFUNDER 24 HRS.
	any e	F	EMALE NEGRO WIDOWED DIVORGED 5001.12, 1890 Ast birthday Months Cays Hours Min.
	iant se re	10a dur	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 12. CITIZEN OF WHAT COUNTRY?
	ate l hysic plea plea il, an	13.	FATHER'S NAME 14. MOTHER'S MAIOEN NAME 1
	rtific ing p I'hen movz		Joseph Ballard Sarah Nelson
	tendi	15. (Ye	. WAS DECEASED OVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY Address property of the security of the securi
	deat he at pern tion,	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]
	fres that the death certificate be executed within 24 hours after physician. I simed by the attending physician and completely filled in by the burnet must permit. Then please remove carbon papers. Pages 1 burial, cremation, or removal, and in any event, within 72 hours after	П	PART 1. DEATH WAS CAUSED BY: ONSET AND CEATH CONCELL ONSET AND CEATH CONCELL CO
	law requires that the attending physician. I has been signed by se as the burmetrum.	Н	332X DUE TD
	ufres g phy en si bur	П	gave rise to immediate (b)
	red inding s bec s the jor to	П	cause (a), stating the underlying cause last.
	e law r atte ie ha ise a th pr	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED?
	N: The state of th	IFIC/	YES NO OF NO NO NO NO NO NOTICE NOTICE NO NO NOTICE NOTICE NO NOTICE NOT
	cert cert cert shed of. of	CER	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been simed by the attending physicial detached for use as the burm-transit permit. Then please the Dept. of Health prior to burial, cremation, or removal, and	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While Place of Injury (State)
	d by After Stat	ME	p.m. 19 at work at work
	OR ATTENDING be retained by lirector: After 3e 3 should be ed with the Stat		21. I certify that (I) (this hospital) attended the deceased from
	R AT NEC 1 S S S S S S S S S S S S S S S S S S		22a. SIGNATURE 22b. DATE SIGNED
	SPITAL OF A may be tor, paged to file		22c, PHYSIGIAN'S 22d. ADDRESS
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been simed by the director, page 3 should be detached for use as the burnary should be filed with the State Dept. of Health prior to burial, cremains the state Dept.		NAME (Type)
	Page 10 FUN directs should	23a	REMOVAL (Specify) A DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City, town or county) (State)
	M	24	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (4)		Samuel Sound New Church Va, DATAPR 15 1966 goliantes Juage
		-	



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funer USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH and a. COUNTY b. COUNTY after lease remove carbon papers. Pages 1 and in any event, within 72 hours after MARYLAND by the Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours .= e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? NOX YES executed within completely DATE OF DEATH NAME OF Middle Last 4. Month Day Year DECEASED 19 (Type or print) AGE (in years | IFUNDER 1 YEAR last pirthday) | Months | Days F UNDER 24 HRS DATE OF BIRTH 9. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Hours WIDOWED Y DIVORCEO 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give Kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) attending physician rmit. Then please during most of working life, even if retired) INDUSTRY mestic 14. MOTHER'S MAIDEN NAME FATHER'S NAME removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT O FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit. Should be filed with the State Debt. of Health prior to burial, cremation, or (Yes, no, of unknown) | (If yes give war or dates of service) death CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate as the b DUE TO cause (a), stating underlying cause last (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE NAL DISEASE CONDITION GIVEN IN PART 1(e) for use PERFORMEO? YES [NO4 CERTIFI DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. I be detached for State Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (State) 120e. PLACE OF INJURY (Home, farm, (County) 20d. INJURY OCCURRED TIME OF INJURY Month, Cay, Year factory, street, office bldg., etc.) Hour a.m. - Not While be retained by at work at work R ATTENDING 19 3 should by with the S that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 6 and that death occurred at 205 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. page DIRECTOR PHYS. M.D. Page 4 may 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) 23a BURIAL, CREMATION, LOCATION (City, town or county (State) 23b. , DATE THEREO GEMETERY OR CREMATORY 23d. 23c. NAME OF REMOVAL (Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRES 25a. 25b. VR A15 (4) 15M 4-64



1 4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
FOR STATE	06119 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6115
HEALTH DEPT.	PRACE OF DEATH O COUNTY	rester
leath if y delay is Pages 1, 2, and 3 to with form PM3. Page State Department of 72 hours after death.	b CITY OR TOWN (If outs de carparate limits, write RURA, and give write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS	use with the
e Pages 1, with form state De 72 hours	P.O. Boy 143	e IS RESIDENCE ON A FARM? YES NO
ofter death S. Give Page oform with f	3 NAME OF First Middle Lost 4 DATE Month OF Clype or print) Mary Louise Collins DEATH	9 19 66
	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED & 8 DATE OF BIRTH 9 AGE (In years lif who have before widowed blooked blooked 142 23 yrs Wonths	Doys Hours Min
hin 24 hours not in item 18 niner's Office pages Lond	dring mostly working fe, even if retired) NOUSTRY NOUSTRY NOWARD, MILL UCOL	ZEN OF WHAT
will be in a line in a lin	Harold H. Collins Seve Willary	
be executed viget in items and items in the most constitution of the mo	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Hyes give for or dotes of service) 16 SOC AL SECURITY NO HIPTORMANT Address Address	
	18 CAUSE OF DEATH (Enfer on y one couse per line for (o) (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Compound fracture skull, Crushed chest	INTERVAL BETWEEN ONSET AND DEATH
certificate should be e writing the ward 'per privacided to the Chief bused as a burial-transit burial, cremation, or re	8 2 5 4 DUE TO Conditions, if ony, which gove) (b)	
ficate s ing the ided to as a bu I, crem	rise to immediate couse (a), stating the underlying couse (c)	
This certificate should cate, writing the ward be forwarded to the Chebe used as a burial-traff.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of unjury in Part of them 18.)	19 WAS AUTOPSY PERFORMED? YES NO
프로 프로	PRIMARY Mor CONTR. BUTING Automobile accident	
三番の を注めた	20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Coul	nty) (Stote) Wicomico
_ = = = = =	21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [],	and in my opinian
Michael All Michae	death resulted fram: Natural causes , Accident , Suic de , Hamic de , Undetermined manner CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED 4/11/66
necessory, pure funeral S may be represented to the funeral S may be represented the funeral Health or its	NAME (Type) Philip A. Insley Address (Street, city town, or county) Salisby	Gount Marylan
5 E E O E	MINORIA (Specify) 4/14/66 Coversion Cen. Berlin,	Mal (Male)
VR A15ME (5)	Sales Willes School Republicant School Comment Date 14 1966 256 1889 Breathars 1966 256 1880 Breathars	Judge

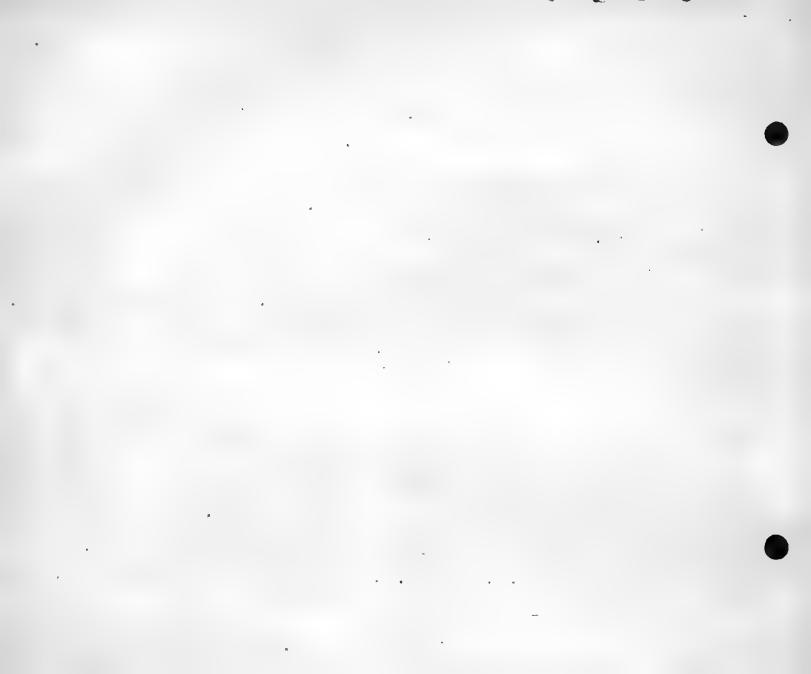


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o. STATE PM3 Page MARYLAND nours after dea CTY OR TOWN (It outside corporate l'mits, c JENGTH OF STAY IN 16 DWN ((soutside corporate i mits write RURAL and give nearest town) RALmand give Parest town) d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street e IS RESIDENCE ON A JARM? YES V 3 NAME OF event within 72 DECEASED OF Thomas Jefferson Corbin (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED IF UNDER 1 YEAR NEVER MARR ED AGE (In years IF UNDER 24 HRS plast buthday) Months Hours WIDOWED DIVORCED and 1,06 KIND OF BUSINESS OR OCCUPATION (Give kind of work done) ork ag life even fretired) In any poges Exominer's pencil 14 MOTHER'S MAIDEN NAME and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. used as a burial-transit permit. burial, cremation, or removal. (Yes no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per ine for (o), (b) and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Fracture skull IMMEDIATE CAUSE (6) writing the ward DUE TO Conditions, if ony, which gove (b) use to immediate couse (o), DUE TO storing the underlying couse last nsed 19 WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) NO DO Fractured law. Lacerations legs its designated agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Part Lor Part Lof Item 18) Automobile accident MED CAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (Stote) While of work at work foctory, street, office bldg etc.) FUNERAL DIRECTOR: Page St. Lukes Road Fruitland. Wicomico, Md. Inspection, 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry . and in my opinion Accident the funeral director. death resulted from Natural causes Suicide . Homicide [Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE 5 moy be 1 TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Salisbury, Maryland A. Inslev NAME (Type) Philip NAME OF CEMETERY OR CREMATOR BURIAL, CREMATION .OCATION (City or Town) REMOVAL (Specify) 25b. REGISTRAR'S SIGNAT 2So. REC D BY REGISTRAR 24 FUNERA, DIRECTOR VR A15ME (5) 1966 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Worcester Wicomico MARYLANO b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b write RURAL and give nearest town) oon papers. Pag within 72 hars Pocomoke Roa Davs Salisbury .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 Deer's Head State Hospital, Salisbury, Md. 335 Winter Quarters Drive NO K YES completely carbon Last Month Day DECEASEO 66 9 (Type or print) Craig DEATH Ы 19 Olive Cropper 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIEO NEVER MARRIED Jast birthday) Months | Davs and any White WIDOWEO X DIVORCEO [Aug. Female 12. CITIZEN OF WHAT 9 10a. USUAL OCCUPATION (Give kind of work done) 10b. KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) þe during most of working life, even if retired) Pennsylvania U.S.A. Housewife death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending smit. Ther W. F. Craig Elizabeth Reed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) No None Mrs Ruth C. Bishop, Pocomoke INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Status post fracture of right femur with O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. Yrs IMMEDIATE CAUSE (a) insertion of Austin-Moore prosthesis. DUE TO Pneumonia, right lung Conditions, if any, which 10 days gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMEO? NO I 202. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.) After this certified be detached for State Dept. of H MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Not While factory, street, office bldg., etc.) Hour a.m. at work at work O FUNERAL DIRECTOR: A director, page 3 should should be filed with the S 66, that (I) (we) last 196/1 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at 6:45M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENOING PHYS. MED. OIRECTOR STAFF PHYS. (Oth X 1/11/66 PHYSICIAN'S ADDRESS NAME (Type) Deer's Head State Hospital, Salisbury, Md V. Maldve. M. D. 23c. NAME OF CEMETERY DESCREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23b. **OATE THEREOF** REMOVAL (Specify) Rehoboth Baptist Rehoboth 4-11-1966 Maryland REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. FUNERAL DIRECTOR Pocomoke City Md ARR VR AI5 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06122 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before agmission p. COUNTY h COUNTY MARY, AND b CITY OR TOWN (If outside corporate limits. CAENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give neares sewn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YFS 3 NAME OF Midd e First Lost 4 DATE Month DECEMSED OF George Dashield April (Type or print) DEATH 9 AGE (In years 6 COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED burthdoy) Months WiDOWED DIVORCED IDo USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR ACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY 3K0 × 97 e, writing the ward "pending" in pencil is farwarded to the Chief Medical Examiner 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address certificate shauld be executed (Yes, popar unknown) (If yes give wor or dates of service) remayal, 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c)) burial-transit PART I, DEATH WAS CAUSED BY ONSET AND DEATH 3rd degree burns of 50% Б IMMEDIATE CAUSE (o) used as a burial-trait burial, cremation, c DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoling the underlying couse PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port it of item 18) Fire at home CAUSE OF DEATH 20d N.JRY OCCURRED 20f (City or fown) 20c TIME OF N. URY Month, Doy Year 20e PLACE OF INJURY (Home, form, (County) factory, street, office bldg., etc.)
Home may be retained for your FUNERAL DIRECTOR: Page Not While at wark Tyaskin, Wicomico, Md. 21. I certify that I took charge of the remains described above, neld an Autapsy (X), Inspection (), inquiry (), and in my apinian Accident X death resulted from. Natural causes . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE / TO DEPUTY DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** Philip Health (A. Insley Address (Street, city, town, or county) Salisbul NAME (Type) 230 BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY CHRE VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



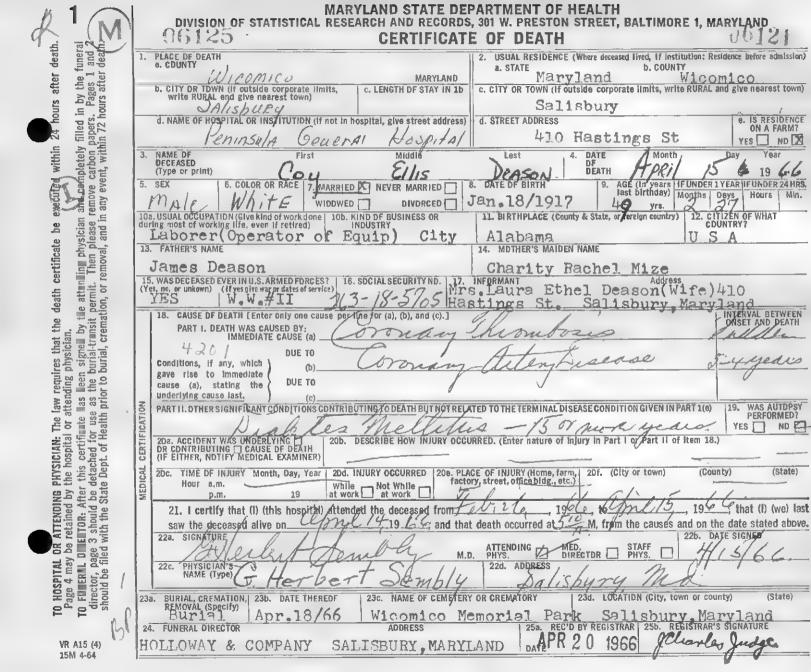
1 (1/4)		DIVISION OF STATISTICAL RESE	YLAND STATE DEI ARCH AND RECORDS	PARTMENT OF HEALTI	H C DALTIMODE 1 MADVEAUE	
E 20		06123	CERTIFICATI	E OF DEATH	, DALTIMORE I, MARTEAND	0
after death, , the funeral ges 1 and 2 safter death	1.	PLACE DE DEATH a. CDUNTY		2. USUAL RESIDENCE (Where dete	eased lived, If institution; Residence before	admission)
re f		Wicomico	MARYLAND	•. STATE Maryland	b. COUNTY Wicomic	
s aff		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corp	orate limits, write RURAL end give near	est town)
in I hour	_	Salisbury	19 Days	Quantico	1	
24 hours filled in by apers. Pa	L	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	· ·	d. STREET ADDRESS	6. IS RI ON /	ESIDENCE A FARM?
in 2 fin 2 f		er's Head State Hospital, S			YES	NO 🗌
executed within and completely remove Carbon F	3.	DECEASED	Middle	Last 4. DATE DF	•	rear .
E 8 8 8	5.	SEX 6. COLDR DR RACE 7. MARRIED	NEVER MARRIED 18	Dashiell DEATH B. DATE OF BIRTH 9.	AGE (In years IFUNDER 1 YEAR IFUND) 66 ER 20 HBS
P C			DIVORCED	2-21-1912 E	last birthday) Months Days Hour	
an a an a in a	10	USUAL OCCUPATION (Give kind of work done 10b, Ki	ND OF BUSINESS DR	11. BIRTHPLACE (County & State,		AT
death certificate be ne attending physiciar permit. Then please tion, or removal, and i	7	Drive III	IDUSTRY	me.	COUNTRY?	Δ,
ficat ph)	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0. 1	
ding ding		Israh 4. Bates		Bearing -	Price.	
th c	(Y	es, no, or unhawn (free dive war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
dea he a perition,		18. CAUSE OF BEATH Enter only one cause per li	1-14-4411	eoner 1	Desfuell.	
PHYSICIAN: The law requires that the the hospital or attending physician. This certificate has been signed by the detached for use as the burial-transit e Dept. of Health prior to burial, cremain		DADT I DEATH WAS CAUDED BY			INTERVAL B ONSET AND	DEATH
hat iciar led tra		IMMEDIATE CAUSE (a) IL	pertensive car	rdiorenal disease	With uremia Years	
sign sign uria		Cenditions, If any, which (b)				
aguin ng peen een to p		gave rise to immediate (cause (a), stating the DUE TO				
w re endi	_	underlying cause last. (c)_				
e la r att te h; th p	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a) 19. WAS /	AUTOPSY ORMED?
al or theat	FIC/	200 ACCIDENT DIAC HARPED VISIO FO	From the Mary Investor			NO A
Spit Spit Spit Serti ed 1	ERT	202. ACCIDENT WAS UNDERLYING 20b. D DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of Injury in Par	t I or Part II of Item 18.)	
IYSII e ho is (tach Dept			JURY DCGURRED 208. PLAC	E DF INJURY (Home, farm, 20f. (C	Olty or town) (County)	(State)
y th y th e de ate	MEDICAL	Hour a.m. While	Englow	y, street, office bldg., etc.)	ity of town) (Gounty)	(State)
OR ATTENDING P be retained by t DIRECTOR: After ge 3 should be ed with the State	Σ	p.m. 19 at work 21. I certify that (I) (this hospital) attende		3/27 10.66 40	11/9 , 19.66, that (I)	Augh Jose
TTEN TOR: TOR: TOR:		saw the deceased alive on 14/9/	1966_, and that	death occurred at6: 10M. from	$\frac{11/9}{}$, 19.66, that (I) m the causes and on the date state	ed above.
REC'S S		22a. SIGNATURE			22b. DATE SIGNED	
A to Day be bagged filed		22c. PHYSICIAN'S	M.D.		STAFF KX 1/11/66	
PIT 4 m ERA 1 be		NIA BACK CO	aldve, M. D.	Deer's Head Stat	e Hospital, Salisbur	W.3
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	238					State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)	Himily of	it wer	LD-th, Cr	NYVEX
X	'24		ADDRESS	25a. REC'D BY REGIST	and a B	7
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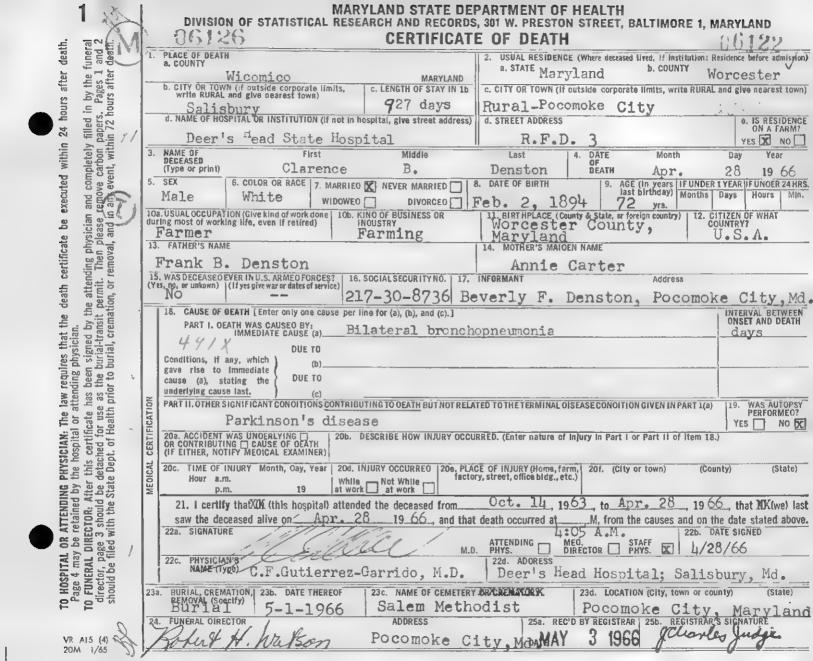


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06124 CERTIFICATE OF DEATH and 2 death: PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY the faces if MARYLAND com100 b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Pag write-RURAL and give nearest town) ion papers. Pag within 72 hours hours Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES! NO [executed within e NAME OF Middle DATE Month 4. Day DECEASED OF DEATH (Type or print) 19 66 SEX 6. COLOR OR RACE DATE OF BIRTH AGE In years | FUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. any and White Dec. WIDOWED make DIVORCED .Ξ 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician lease and ir death certificate be during most of working life, even if retired) INDUSTRY Retired Shirt factory employee Phila. S Pa. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pharmit. Then James Godwin Annie Kate Campbell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Ы (Yes, no, or unkown) (If yes give war or dates of service) E. (Cowboy) Davis-Mr.Herman Son cremation, Gordv sbury Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which (b) peen gave rise to immediate 2 DUE TO cause (a), stating prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? NO IS YES hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) of State Dept. this MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (Cltv or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. 19 at work at work retained 19 66, that (I) (we) last the 21. I certify that (I) (this-hospital) attended the deceased from 1966 director, page 3 should should be filed with the and that death occurred at 2344 M. from the causes and on the date stated above. saw the deceased alive on SYGNATURE 22a. 22b. DATE SIGNED ATTENDING MED. Apr. 29/1966 M.D. PHYS. DIRECTOR PHYS. may PHYSICIAN'S NAME (Type) Dr. George 22c. 22d. ADDRESS director, p Henning Page / 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial LOPATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (State) 1966 Springhill Mem. Bardens *S*al isbury.Maryland ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE COMPANY SALISBURY, MARYLAND VR A15 (4) 15M 4-64





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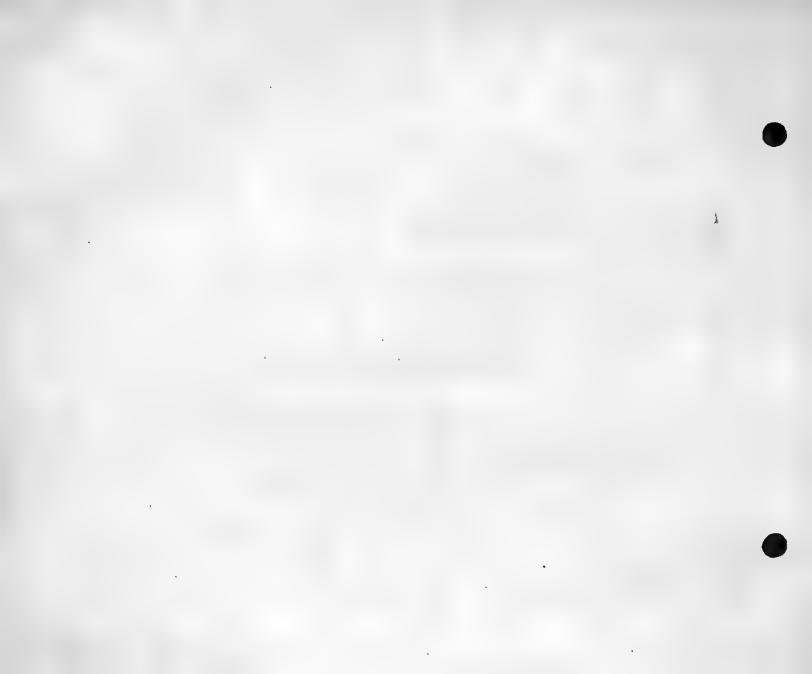
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND TIFICATE ΩF DEATH funeral and 2 déath. after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY COUNTY WICOMICO the no. a. STATE after, WICOMICO MARYLAND MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) ers. Pag 72 hours hours FRUITLAND Fruitland filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? ve carbon page No K YES completely f executed within 3. NAME OF Middle DATE First 4. Yeer Last DECEASED OF DEATH APRIL 28 (Type or print) ERNEST 1966 F. DISHAROON 5. SEX and con 6. COLOR OR RACE DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I Davs Hours attending physician and rmit. Then please remoin, or removal, and in any MALE 17. 1873 WHITE May 92 WIDOWED . DIVDRGED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT that the death certificate be COUNTRY? RETIRED U.S.A. SAW OPERATED EDEN. MARYLAND R.F.D MHILL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANKLIN DISHAROON ELIZABETH CAREY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT and by the attend transit permit. 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) the burial-transit or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. *t.*200 DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as nould be filed with the State Dept. of Health prio (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO I YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Pert II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 120s, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 2-22 196.0 to 21. I certify that (I) (this_hospital), attended the deceased from. 19 66. that (I) (we) last and that death occurred at 2 1966 **22M.** from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 2 FRUITLAND, MARYLAND ST.JOHN CEMETERY 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR , 25J. LEVIN R. WILSON PRINCESS ANNE, MD. VR A15 (4) 15M 4-64

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1 NA	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	06128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06124
HEALTH DEPT.	PLACE OF DEATH
47 9 4.4	Giramico MARYLAND MARYLAND (1):CORTICO
cessary, ce 5 may be Department	write, RURAL and give nearest town) I Tull Land
5 m 5 m lepar	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
te D	St. Luke's road Rf. #/ YES NO 1
PM3, Page 5	3. NAME OF First Middle Last 4. DATE Month Day Year
PR'S and	(Type or print) Altred DUFF- DEATH 7 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
Pages th form od 2 win	Male Negro WIDOWED DIVORCED //- 7 - 2 38 yrs. 108. USUAL OCCUPATION (Give Kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Give Pag g with 1 and 2	10a. USUAL OCCUPATION (Give find of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY?
24 hours after death. I tem 18. Give Pages Office along with for File pages 1 and 2	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hour ce a ce a d in	alfred Graham Lihlian Duffy
24 ho in Item Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
pencil in miner's 0 permit. F	18 CALISE OF DEATH TENSOR DAY ONE CAUSE POR LINE (at (a) (b) and (c))
EXAMINER. This certificate should be executed within 24 hours a certificate, writing the word "pending" in pencil in item 18. sould be forwarded to the Chief Medical Examiner's Office alon les. R. Page 3 should be used as a burial-transit permit. File pages ignated agent, prior to burial, cremation, or removal, and in an	PART I. DEATH WAS CAUSED BY:
Scute Prof. i	8234 DUE TO
e exe endica edica ial-to natio	Conditions, If any, which
ild be executed "pending" in "pending" in Medical Exam burial-transit cremation, or	gave rise to immediate cause (a), stating the DUE TO
shoul word Chief as a rial, (PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
frate shoul the word the Chief used as a to burial,	I EKTONMED.
rtiffe ng 1 1 to be t	YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY OF CAUSE OF DEATH. Was riding in auto. that ran off road & struck tree
is ce writti arde ould t, pr	
ER. This certificate, writing forwarded to 3 should be agent, prior	factory street office bldgs ste !
EXAMINER To certificate the should be should be it files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry, and in my opinion
EXAMI As cert should files. TOR: Pa designat	death resulted from: Natural causes Accident A., Suicide . Homicide . Undetermined manner
2000年日前	CHIEF MEDICAL EXAMINER
S S S S S S S S S S S S S S S S S S S	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
ടെ ഉപ്പ	EXAMINER'S Phil n A Tinsles Address (Street, city, town, or county)
O DEPUTY Mease execution of Health or	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Taga E	Build 4-13 66 John Westley Trincess Anne Md,
ibl	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR'S SIGNATURE PAPR 18 1966 Climbles Judge
VR A15ME (5) [/1 5M 1/65	- Soulla 12. Jolly Jersey 10, Julis, DATE 11 10 1300 July



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funera 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY after completely filled in by the 1 carbon papers. Pages 1 gvent, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL end give nearest town) write, RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES X NO. executed within NAME OF 3. Middle DATE Day Last 4. DECEASED (Type or print) DEATH 19 AGE (In years | IFUNDER | YEAR | IFUNDER 24 HRS. | last pirthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH remove m any sve 9. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED TOB. USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physicial in please r 11. BIRTHPLACE (County & State, or foreign country) certificate be COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME ог геттоуа this certificate has been signed by the attending pl detached for use as the burial-transit permit. Then is Dept, of Health prior to burial, cremation, or remova JIS! SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMANT** Address (Yes. no. on unkown) (If yes give war or dates of service) death CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO [PHYSICIAN: T the hospital (20a. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) director, page 3 should be de should be filed with the State Hour a.m. While Not While OR ATTENDING I at work at work p.m. 19 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1960 and that death occurred at 220M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS M.D. PHYS. TO HOSPITAL (Page 4 may 1 PHYSICIAN'S ADDRESS NAME (Type) 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23b. DATE REMOVAL (Specify) REC'D BY REGISTRAR 24. **FUNERAL DIRECTOR** ADDRESE 25b. REGISTRAR'S SIGNATUR VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH a. COUNTY Wicomico 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission, b. COUNTWICOMICO Maryland MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Sallsbury C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearast town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours Pen.Gen. Hospital 3115 Race No 🗗 3. NAME OF First Middle Last DATE Month Day Year DECEASED the 72 FITZGERALD LILIIAN MARY APRIL 66 (Type or print) lst DEATH 19 2 with 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 9. last birthday) Months | Days Hours White Female Aug. 24/1906 WIDOWED DIVORCED 59 and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? House work at Salisbury, Maryland pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Nora Elizabeth Rittenhouse Elijah Campbell 15. WAS DECEASED EVER IN U.S. ARMED FORCEST Mrs.Lauise 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of survice) Kelly(Sister-In-Law) permit. I Md 2180 Ave Salisbury E.College INTERVAL BETWEEN OUSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit used as a burial-tran to burial, cremation, DUE TO Conditiona, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATION PERFORMED? YES 1/ NO T 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY DO TO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part 1 or Part 11 of Itam 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. (City or town) (County) (State) factory, street, off.cobldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X and in my opinion Inspection DIRECTOR: Suicide **Undetermined manner** death resulted from: Matural causes Accident 4. Homicide CHIEF MEDICAL EXAMINER YOUR ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 Farl L. Royer DEPUTY MEDICAL EXAMINER TO Health please ex director. retained **EXAMINER'S** 1966 Apr11 isbury, Md NAME (Type) Camden Address (Street, city, town, or county) (State) BURIAL, CREMATION! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 0 REMOVAL (Specify) Church Cem. (Walston) Salisbury, Maryland Apr.5 Burla REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 HOLLOWAY SALISBURY MARYLAND COMPANY ALSME (5)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Worces funeral and 2 death., hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution Chesigate the Thre admission) a. COUNTY Maryland and completely filled in by the f emoye carbon papers. Pages 1 any event, within 72 hours after COMICO MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KXXX Bishopville (Worcester 68 JALIS BUR A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? No X YES ... executed within NAME DE 3. DATE Middle Last 4. Month Day Year DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (IN years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED X NEVER MARRIED last birthday) | Months Davs 1895 March WIDOWED I DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? or removal, and Home USA Own Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Mumford Robbins Gropper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the attend the burial-transit permit, or to burial, cremation, or r (Yes, no, or unkown) | (If yes give war or dates of service) Matt XX XX leetwood Bishopville. 18. CAUSE OF DEATH (Enter only one cause per line for (a). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Septicemia due to obstruction of right kidney 6 weeks Conditions, If any, which (b) gave rise to immediate as the b DUE TO (a), stating the Hiatal hernia underlying cause last. wks. After this certificate has d be detached for use as State Dept. of Health prio PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? CERTIFICAT hernia repaired 4/5/66 YES [NoX 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED (County) (State) TIME OF INJURY Month, Day, Year 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING be retained by at work p.m. 19 at work L TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A 19 66 19 that (I) (we) last 21. I certify that XI) (this hospital) attended the deceased from with the shoul 43M, from the saw the deceased alive on and that death occurred atcauses and on the date stated above. SIGNATUR 22a. page ATTENDING PHYS. STAFF DIRECTOR PHYS M.D. PHYSICIAN'S 22d. ADDR PS director, p 22c. NAME (Type) (State) BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 8 hopy Oda H 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 15M 4-64

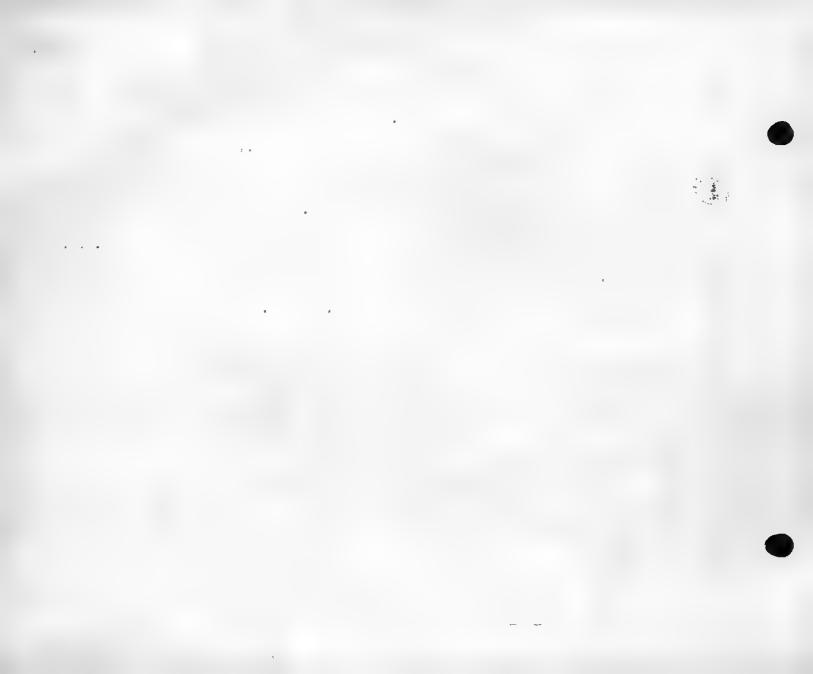


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY the 12 after after COMICO MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b outside corporaté limits, write RURAL end give nearest town) bon papers. Page, within 72 hours a write RURAL and give nearest town) Nours NALISBURG ,= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET AOORESS ON A FARM? NO reninsu YES AT letely pon NAME OF DATE 3. Middle Last 4. Month Day Year DECEASED OF DEATH event, comple ve carl 22 (Type or print) 19 WARD Z., executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. 9. NEVER MARRIED 7. MARRIED Days етпол any and WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if settred) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR (County & State, or foreign country) ptease I, and II COUNTRY? attending hys ermit. Then off in, or removal, a 'S/NAME FATHER MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. Address 17. transit permit. (Yes, no, or unkgwo) (If yes give war or dates of service) death INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and/(c), r this certificate has been signed by the detached for use as the burial-transit te Dept, of Health prior to burial, cremal ONSET AND DEATH PART I. CEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) 5811 DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO F YES [20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) CAL 20d. INJURY OCCURRED (State) TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. MEDI Not While While After be Stat be retained by at work 19 at work TO FUNERAL DIRECTOR: Aft director, page 3 should be should be filed with the St KIDN311 196 6 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 2 AM, from the causes and on the date stated above. saw the deceased alive or 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS M.O. PHYS. TO HOSPITAL O Page 4 may t 22d. **ADDRESS** 22c. PHYSICIAN NAME (Type) NAME OF CEMETERY OR CREMATORY 23d DCATION (City, town or county) (State) BURJAL, CREMATION. 23b. DATE THEREOF 23c. REGISTRAR'S VR A15 (4) 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY WICOMIC the MARYLAND by the b. CITY OR IOWN (if outside corporate limits, - write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) of completely filled in by tooled carbon papers. Page d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS IS RESIDENCE ON A FARM? NOF YES executed within NAME OF Middle Last DATE Month Day Yea: OECEASED (Type or print) OF DEATH 19 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. 5. SEX DATE OF BIRTH 6. COLOR OR RACE 8. 7. MARRIEO NEVER MARRIEO O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remode should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) death certificate be during most of working life, even if retired) COUNTRY? FATHER'S NAME attending permit. Then ORGE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the Blais underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? myricalion YES NO PT 20a. ACCIDENT WAS UNDERLYING F 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work Not While at work be retained by OR ATTENDING 19 p.m. 1966 4-21 19 that (I) (we) last 21. I certify that (I) (b) hospital) attended the deceased from. and that death occurred at 12 6 M, from the causes and on the date stated above. 19 66 saw the deceased alive on. SIGNATURE 22b. DATE SIGNED 222. STAFF Page 4 may b DIRECTOR M.D. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) NAME OF CEMETERY OR CREMATORY (State) LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. 23d. AODRESS REGISTRAR'S SIG REC'O BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

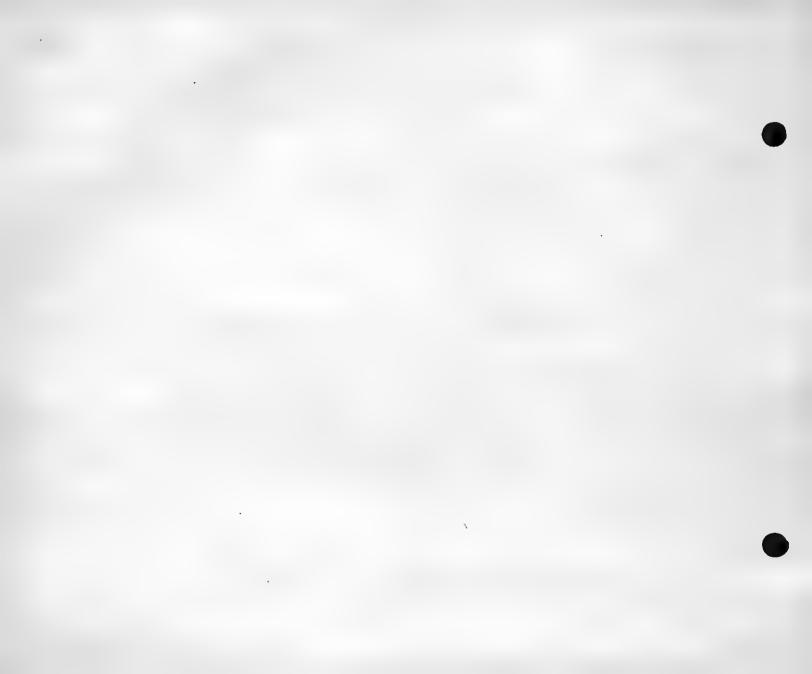
1 M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
IV	06134 CERTIFICATE OF DEATH	06130
be executed within 24 hours after death. And completely filled in by the funeral female corbon papers. Pages 1 and 2 in any event, within 72 hours after death.	PLACE OF DEATH o. COUNTY Wicomico b CITY OR TOWN (If outside corporate limits, write RURA. and give neorest town) Salisbury 2. USUAL RESIDENCE (Where deceosed fived, if institut on Residence o. STATE Maryland Wicomico c CITY OR TOWN (If outside corporate limits, write RURA. and give neorest town) 3 Wks. Willards	
n 24 hours lled in by papers P	d NAME OF HOSPITA. OR INSTITUTION (If not in hospito) give street oddress) Peninsula General Hospital d STREET ADDRESS Main St.,	e IS RESIDENCE ON A FARM? YES NO
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he deoth e ottendir permit. tion, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ad	Vland INTERVAL BETWEEN ONSEY AND DEATH
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ICIAN: The law pitol or ottendir rrificate has been ad for use as the of Health prior it	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE EMPORTION GIVEN IN PART I(o) 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. TIME OF INJURY Month, Doy, Year Hour o.m. 202. TIME OF INJURY Month, Doy, Year Hour o.m. 203. ACCIDENT WAS UNDERLYING 204. (City or town) (Countribution of Countribution of Countr	9 WAS AUTOPSY PERFORMED? YES NO
JING PHY: by the hoi frer this ce be defach Stote Dept	p.m. 19 of work 2 of work 2	(Stote) (Stote) (Shat (I) (we) last
OR ATTENDING PHYSICIAN: be retained by the hospitol or DIRECTOR: After this certificote ge 3 should be detached for u led with the Stote Dept. of Hea	saw the deceased alive on 19 4 and that leath accurred at 13:10 P.M., fram causes and on the 220 SIGNATURE M.D. ATTENDING MED STAFF PHYS. 220 PHYSICIAN'S 22d ADDRESS .	date stated above.
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog should be fil	PRAME (Type) LADVID J. GILMORE M.D. MEDICAL CETR. SALISDO. 230. BURIAL CREMATION. 23b DATE THEREOF 23c, NAME OF CEMETERY OF CREMATORY 23d, LOCATION (Gity or Town) (GO)	ounty) (State)
VR A15 (4) 1	REMOVAI (Specify) Burial 4-21-1966 New Hope Cemetery New Hope, Maryland 24. FUNERAL DIRECTOR Hill Funeral Home Salisbury, Maryland DAAPK 26 1966	NATURE JOSE
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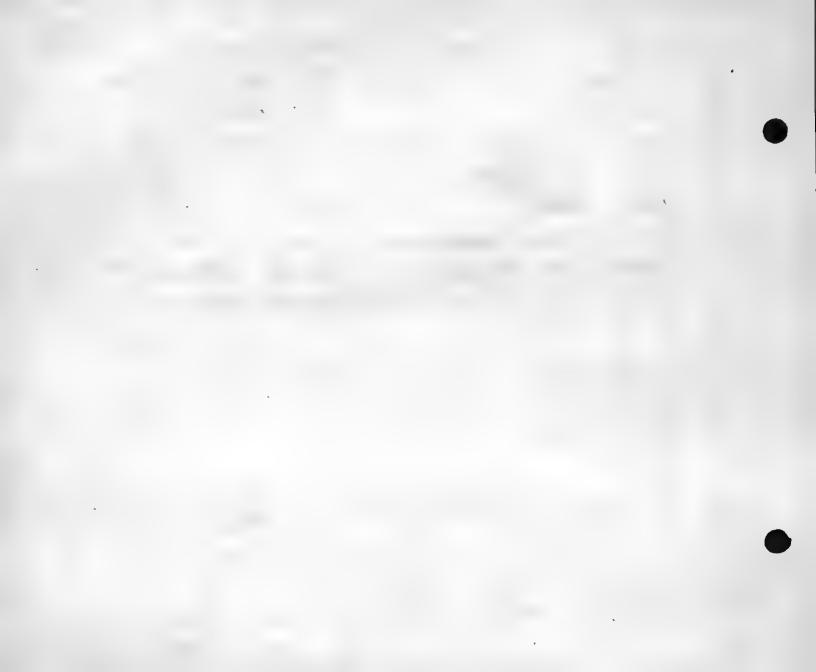
1 1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
- FO	06135 CERTIFICATE OF DEATH	06131
id in by the funeral ris. Pages 1 and 2 2 hours after death.	PLACE OF DEATH B. COUNTY B. STATE D. COUNTY B. STATE D. COUNTY D.	Residence before admission
~	Wilcomd.co Maryland Maryland	Wicomico
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL)	L and give nearest town)
ے 2	Salisbury 56 Days 121 First Street d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
ithin 72		ON A FARM?
3	Deer's Head State Hospital Salisbury, Maryland 3. NAME DF First Middle Last 4. DATE Month	YES NO ■ NO ■
	DECEASED	28 1966
	5. SEX 6. COLOR OR RACE 17, MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDI	ER I YEAR IFUNDER 24 HRS
	Female V WIDOWED DIVORCED Dec. 27. 1925 NO vrs.	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12.	CITIZEN OF WHAT
	Walless Witcomics	11.5,14
	13. FATHER'S NAME	
	15. WAS DECEASED EVER IN U.S. ARDVED FORCES? 16/SOCIAL SECURITYNO. 17. INFORMANT Address	
	(Yes, no, or unknwn) (If yes give war or dates of service)	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho brownoma.	ONSET AND DEATH
	DUE TO O	
	conditions, If any, which (b) Corebre Vestular accurate due	
	cause (a), stating the DUE TO	Lithers
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1	
1	factory street officehide sto	ounty) (State)
1		
	21. I certify that (I) (this hospital) attended the deceased from 3/8/66, 19, to 1/28/66, 19	, that (I) (we) las
	saw the deceased alive on 11/28/66 19 and that death occurred a 5-207M, from the causes and on	the date stated above
	ATTENDING MED. STAFF	4-29-66
1	22c. PHYSICIAN'S 1 22d. ADDRESS	700
1	NAME (Type) R. Gore, M.D. Box 671, Salisbury, Marylan	d
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23g. NAME OF CEMETERY OR CREMATORY 23d LOCATION, (City, town or c	county) (State)
P	24 EUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAY 25b. REGISTRA	770L I
1	Soretta B. Jalley 2 1966 gotton	Ca. Cardan
	DINENT & 1300	- Company



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
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completely filled in by carbon papers. Pager, within 72 hours	NAME DF DECEASED (Type or print) Solliers Middle Last 4. DATE DF DF DF DF DEATH April 12 1966
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uires g phy en si en si bur	gave rise to immediate (b) Columbus (c)
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PHYSICIAM: The the hospital or this certificate detached for us to Dept. of Healt	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
by by tat	p.m. 19 at work at work
OR ATTENDING be retained by JIRECTOR: After ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from 1964, to 1964, to 1964 that (I) (we) la saw the deceased alive on 1968, and that death occurred at 1968, from the causes and on the date stated above
R AT E ret RECT 3 sl	22a. SIGNATURE // 22b. DATE SIGNED
At 0 lay b bage page filed	M.D. PHYS. DIRECTOR PHYS. 1220, ADDRESS
Page 4 may Funeral D Girector, pag	22c. PHYSICIANAS (Type) O.J. Burton 22d. ADDRESS 5 7/5647 MJ.
Page 4 may be retained 1. To FUNERAL DIRECTOR: Af director, page 3 should be filed with the S	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county). (State)
(1	Maxiz(4-114/88) - T. / 12ty = (em. 1) yask 120/11/15 -
VR A15 (4)	4. FUNERAL DIRECTOR BIVZIVE, MJ. 258. REC'D BY REGISTRAR'S SIGNATURE APR 14 1966 Actionles Judge
15M 4-64	



2-101	MARYLAND STATE DEPARTMENT OF HEALTH	A DVI AND
(M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	16133
24 hours after death. filled in by the funeral apers. Pages 1 and 2 and 2 hours after death.	1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
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	J. NAME OF FIRST Middle Last 14. DATE Month	VES NO Day Year
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Com	5. SEX (COLOR OF RACE). MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER!	
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endi it. 1	15. WAS DECEASED OVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes pive war or dates of service)	01
leath	150-09-5235 Anna M Harmon, Mills bo	
y the carrier sit properties of the	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN DNSET AND DEATH
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DHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-trans,t permit. Then please reinfore carbon phould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, P.m. 19 St. work at work a	nty) (State)
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TO HOSPITAL OR ATTENDING P Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State	110000	7
10 T T T T T T T T T T T T T T T T T T T	REMOVAL (Specify)	Ela
	24. FUNERAL DIRECTOR ADDRESS 252. REC'D BY REGISTRAR 25b. REGISTRAR	SSIGNATURE
VR A15 (4) 15M 4-64	R.J. DOBD GEORGETOWN HE la DAMPR 11 1968 yoursele	Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 116138 CERTIFICATE OF DEATH funeral and 2 24 hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY a. STATE filled in by the fundaments. Pages 1 and 72 hours after on WICOMICO MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within Springhill Santtarkum Poplar H111 Ave. NO.K YES PHYSICIAN: The law requires that the death certificate be executed within completely carbon NAME OF First Middle Last DATE Month Day Year DECEASED ARRIE ROSE HAYMAN APRIL 27 1966 (Type or print) DEATH 5. SEX 6. COLOR OR RACE and cor-DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Remale White Oct 20 1872 WIDOWED 3 DIVORCED [physician an piease re 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? House wife None S Onancock. Virginia 13. FATHER'S NAME attending phy rrmit. Then p n, or removal, 14. MOTHER'S MAIDEN NAME Thomas Johnson Margaret Jane Fitzgerald 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes give war or dates of service) ned by the attend Il-transit permit. II, cremation, or n INFORMANT ALDIN A. Hayman (Son) 15 Foury Maryland 21801 Forest Lane 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. da IMMEDIATE CAUSE (a) been Signal-tra the burial-tra DUE TO 2 Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? Dehn deation YES NO TY DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING F detached f te Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) Not While After till be de State factory, street, office bldg., etc.) Hour a.m. at work p.m. 21. I certify that (I) (this hospital) attended the deceased from many 1960 1966 that (I) (we) last saw the deceased alive on April 23 19 66, and that death-occurred at 1126M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page M.D. DIRECTOR PHYS. Page 4 may FUNERAL PHYSICIAN'S ADDRESS director, p should be 1 Fruitland. Robert Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 9 30/1966 Parsonsburg Cemetery Parsonsburg, Maryland FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE SALISBURY, MARYLAND COMPANY 1966 VR ≱15 (4) 1/65 20M



$\sim 1 (M)$	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- IVI	06139 CERTIFICATE OF DEATH
24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death	PLACE OF DEATH A. COUNTY B. COU
fter the f	W1 Collet CO MARYLAND Maryland Worcester
h by Page	write RURAL and give nearest town)
t hou ted is sers.	d NAME OF HOSPITAL OR INSTITUTION (1) not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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n and completely filled in by the is remove carbon papers. Pages 1 in any over the in in 72 hours after	3. NAME OF FIrst Middle Last 4. DATE Month Day Year OF
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e death certifica the attending ph it permit. Then nation, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) ((fryes give war or dates of service)
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at the death c sian. Id by the atten transit permit. cremation, or i	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CONTROL OF CONTROL OF CAUSE (b) IMMEDIATE CAUSE (a) A CONTROL OF CAUSE (c) INTERVAL BETWEEN ONSET, AND DEATH (LUCLARIA)
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requires that the nding physician. Peen signed by the burial-transit or to burial, crems	Conditions, if any, which gave rise to immediate (b)
law requires that t attending physician. has been signed b e as the burial-tran h prior to burial, cre	cause (a), stating the DUE TO underlying cause last. (c)
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. this certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please reave carbon to Dept. of Health prior to burial, cremation, or removal, and invary event, with	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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	Hour a.m. While Not While factory, street, office bidg., etc.)
OR ATTENDING Post at the state of with the State	21. I certify that (I) (this hospital) attended the deceased from 3- (6, 19 4 to 4-1, 194 (that (I) (we) last
ATTENDI retained CTOR: A should vith the	saw the deceased alive on 4 19 and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED
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SPITAL MAY ERAL DE TOOL DE THE	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
F F	24. FUNERAL DIRECTOR ADDRESS 1/258. REC'D BY REGISTRAR 25b. REGIST
VR A15 (4)	Froman of Asamis Snow Hill Md. DATER 5 1966 Johnster Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY in and completely filled in by the fi e remove carbon papers. Pages 1 in any event, within 72 hours aften Pomico MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) ALISBURY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? NO COL NAME DE Middle Month f ast DATE Day DECEASED William 6-ROVER (Type or print) DEATH 19 66 cuted 5. SEX AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED Months Hours DIVORCED A WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. GITIZEN OF WHAT this certificate has been signed by the attending physician fetached for use as the burial-transit permit. Then please is Bept. of Health prior to burial, cremation, or removal, and in (County & State, or foreign country) during most of working life, even if retired) COUNTRY? W.S. A. death certificates 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) (If yes Dive war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the be detached for use as the State Dept. of Health prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 19. WAS ALTOPSY PERFORMED: NO YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by p.m. at work at work ould the S 1965 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 47M, from the causes and on the date stated above. and that death occurred at. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS Page 4 may ADDRESS PHYSICIAN'S 22d. NAME (Type) 5m07 OR ORFMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 23d. (City, town or county) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 19 15M 4-64



1 1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 50£	06141 CERTIFICATE OF DEATH 06137
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by the 1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hours d in by ers, Par	write RURAL and give nearest town) Salisbund DELMAR
executed within 24 hours in and completely filled in by the papers. Paging any event, within 72 hours	Teninsula Ceneral Haspital, give street address) d. STREET ADDRESS On a FARM? YES NO NO
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kecut	Female WhiTe WIDOWED DIVORCED 2-1-1891 Jast Olithday) Months, Days Hours Min.
Sician Sician and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or life Business or life Business or life Business or line Business or line Business or life Business or line Business or life Business or life Business or line Business or line Business or line Business or life Business or line Business or line Business or life Business or line Bu
icate physic n plea	13. FATHER'S NAME LADIES STURE MARYLAND USA 14. MOTHER'S MAIDEN NAME
certifica iding ph Then removal	TRANKLIN WHEATLEY TAMSEY WILLIAMS. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address
The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely ruse as the burial-transit permit. Then please: remove carbon ealth prior to burial, cremation, or removal, and it any event, with	(Yes, no pe unknown) (If yes give war or dates of service) 221-03-1139 MAGGIE WHEATLEY-STIARP FORM
he de y the sit pe matio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
that tician.	IMMEDIATE CAUSE (a) CONTROLL C
ires i phys puria buria	Conditions, if any, which (b) (b)
required in the control of the contr	cause (a), stating the DUE TO underlying cause last. (c)
PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed betached for use as the burial-trane Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
IN. Thital of tiffical for a file	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20 20a. ACCIDENT WAS UNDERLYING CAUSE DE DEATH BY CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)
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G PH) by the er th e det	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, lambda and lambda
DR ATTENDING De retained by IRECTOR. After e 3 should be	21. I certify that (I) (this hospital) attended the deceased from it 7 25, 19 (60 that (II) live) last
ATTI reta 3 sho with	saw the deceased alive on 4 - 2 5 180 %, and that death occurred at 6 % M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED
AL OR L DIR Dage filed	Le clau 2 College M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 14-28-66
O HOSPITAL Page 4 may O FUNERAL if director, page should be fill	NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or atten TO FUNERAL UNECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prices.	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL DIRECTORY ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	Skarles 1 MAY 2 1966 Icharles Judge



	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_	06142 CERTIFICATE OF DEATH 061
1	1. PLACE OF DEATH • COUNTY • STATE A STATE A COUNTY b. COUNTY b. COUNTY
	b. CITY OR TOWN If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN III outside corporate limits, write RURAL end give nearest to
	write RURAL and give paarest lown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
١.	YE5 [
3	NAME OF DECEASED And Month Day Ye
	(Type or print) 5. SEX 16. CQLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER
	A series bythdey Months Deys Hours
1	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE, County & State, or foreign country) 12. CITIZEN OF WHAT
1	dona during most of working life, even if retired)
1	13. FATHER'S NAME
L	George C. Nasnan Julia walnesunt
1 (15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Illyesgivawerordsfesolservice)
-	LC: 3/8 Miles of Development of the Company of the
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (a)
	Conditions, il any, which) (b) ARTELIOSCIOUSIS
	gave rise to immediate cause (a), stating the underlying DUE TO
	causa (ast. (c)
1 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERF
14.719	YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Item 18.)
Ton	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of them 18.) OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)
125	20c. TIME OF INJURY Month, Day, Year Hour a.m., P.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, ollice bldg., elc.) (City or town) (County)
1	21. I certify that (I) (this hospital) attended the deceased from
	saw the deceased alive on
	22a. SIGNATURE PROPERTY & PROPERTY STAFF
	22c. PHYSICIAN'S DIRECTOR PHYS. PHYS. 22d. ADDRESS
	NAME (Type) Jannes S. Ribbey 22d. ADDRESS TBIVGIVE MO
= 2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown of equity)
-	REMOVAL (Spacify) 4/13/66 BIVING CEMETERY BIVILLE, / KT.
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256, REGISTRAR'S SIGNATURE
_	1) 1) Social File of the last 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

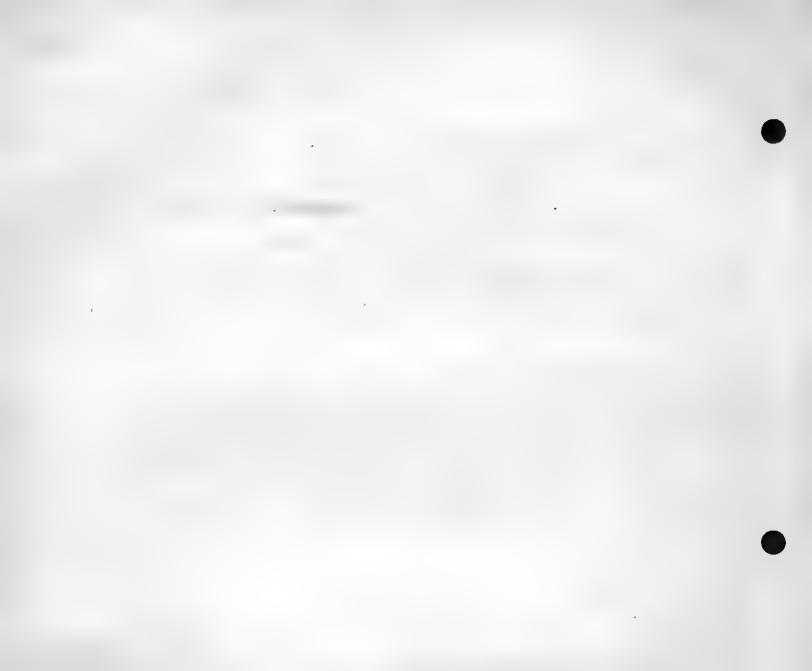


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CQUNTY b. COUNTY letely filled in My the 1 rbon papers. Pages 1 , within 72 hours after 100mies hours after Marvland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RUR&L and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Allen (Rural) ALISBUR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES X NO executed within completely rbon NAME OF DECEASED Month Middle DATE Oay (Type or print) event, DEATH 19 AGE (In years last birthday) 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. IF UNDER 1 YEAR IF UNDER 24 HRS emove 7. MARRIED X NEVER MARRIED Months Hours Days any Dec.14/1891 WIOOWEO OIVORGED [" ≘ 10a, USUAL OCCUPATION (Give kind of work done 10b, KINO OF BUSINESS OR HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe during most of working life, even if retired) COUNTRY? INDUSTRY S Farming Allen Maryland Farmer certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jonathan Huffington Rosa Parker attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. L.17. INFORMANT Dorothy H. Huffington (Wife) Allen, Md. (Yes, no, or unkown) (If yes nive war or dates of sarvice) this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or i death INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. OEATH WAS CAUSED BY IMMEDIATE CAUSE the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate **OUE TO** (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTUAGED DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO I YES 20a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) INJURY OCCURRED. Enter nature of Injury in Port 1 or Part 11 of Item 18. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF !NJURY (Home, farm, (State) TIME OF INJURY Month, Oay, Year 20f. (City or town) (County) factory, street, office bldg., etc.) After 1 Id be d Hour a.m. Not While 2 at work L at work 19 TO FUNERAL DIRECTOR: Af director, page 3 should i should be filed with the S be retained 196 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive of and that death occurred at OATE SIGNED 22a. 91GMATURE STAFF PHYS. ATTENDING PHYS. M Apr.2 966 DIRECTOR M.D. Page 4 may | PHYSICIAN'S 22d. AOORESS 22c. MAMEDY David J.Gilmore Medical Salisbury Maryland Center 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Maryland Apr.26/1966 Allen Cemeterv Allen. **ADORESS** REC'D BY REGISTRAR 25b. REGISTRATUS SIGNATUS FUNERAL DIRECTOR SALISBURY MARYLAND VR A15 (4) 15M 4-64

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12	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
F 224	O6144 CERTIFICATE OF DEATH 06140	
n 24 hours after death. y filled in by the funeral papers. Pages 1 and 2 hin 72 hours after death.	1. PLACT OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY	sion)
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urs in by Pag	Write RURAL and give nearest town) Alisburu Quantico 22-1	
Illed Pers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ACORESS e. IS RESIDE ON A FAR.	NCE VI?
nin Z	Ref. D. #1 Box 29 YES NO 3. NAME OF First Middle Lest 4. DATE Month Day Year	X
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t comple	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Years FUNDER 1 YEAR FUNDER 24 I set birthday) Months Days Hours 1	HRS.
be exect siclan and ease remo	Temale C. WIDDWED DIVORCED June 30, 1892 73 Jrs. 102. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. DIR HE Gover (Country) 12. CITIZEN OF WHAT	
e be siclar lease	during most of working life, even if retired) INDUSTRY Maryland U.S.A.	
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P. T. D. T. S. A.	REMOVAL (Specify) 4/20/1966 Church Quantico Md.	
VR A15 (4)	24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DAPR 2 2 1966 ACCUMPLES JUNGSE	
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ė	1 × 1	MARYLAND STATE DEPARTMENT OF HEALTH OF DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH () [] 4 [
hours after death	funeral and 2 r death.	1. PLACE OF DEATH a. COUNTY, a. STATE b. COUNTY
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3	by the Pages 1 urs affer	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town)
- John San		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREEL ADDRESS e. is RESIDENCE
24	filled i popers. hin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. is residence ON A FARM? YES NO
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×	completely ve carbon event	(Type or print) CLINTON ALFRED Janman DEATH APRIL 20 1966
uted	on con	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS 18st bjrthday) Months Days Hours Min.
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Ę	tending pl nit. Then or remova	J. EDWARD JARMAN BESSIE COFFIX
9	tend iit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service)
deat	the attend it permit. nation, or r	NO NO MR. J. EDWARD DRYAN BERLINI D
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.	>- vs ==	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART 1, DEATH WAS CAUSED BY: (A) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
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T Tall	certificate hed for use t. of Health	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 10 of Item 18.)
CLA	cer ched	
PHYSICIAN: The law requires that t the hospital or attending physician.	r this certificated for	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While Pactory, street, office bidg., etc.) (City or town) (County)
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OR ATTENDING I	700	21. I certify that (I) (this hospital) attended the deceased from 4 19 19 19 19 19 19 19 19 19 19 19 19 19
E ta	ecTo 3 sh with	22a. SIGNATURE 22b. DATE SIGNED
	DIR	() / V () PHYS. DIRECTOR PHYS. LI T QU'US
PITAL 4	RAL DIR	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
TO HOSPITAL Page 4 may	E SECTION SECT	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2	5 a & V	BURIAL 4 20/66 HENERGREEN BERLIY WOR. CO MP
		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	A15 (4) 1 4-64	Anne H. Dury (della M.) 104PR 25 1966 July



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06146 CERTIFICATE OF DEATH 00142
PLACE OF DEATH
Wicomico Maryland Wicomico
write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
PENINSULA GENERAL HOSPITAL 200 Washington Street VES NOTA
3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
(Fype or print) FD GAR ALBERT DHNSON DEATH APRIL 1966 5. SEX 6. COLOR OR RAGE 7 MARRIED ON NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
marieo Never Married No. 25/1892 8. Date of Birth 9. Age (in years Tunder 1 year Tunder
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
Owner-Operator-Masonary Contractor Sussex Co.Delaware USA
13. FATHER'S NAME Robert P. Johnson Annie B. Joseph
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 220-01-8823 Mrs. Virginia M. Johnson (Wife) R.D. #
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I, DEATH WAS CAUSED BY: Organical Cardiac Facture 12 days
Conditions, If any, which \ 2 years
gave rise to immediate cause (a), stating the DUE TO
underlying cause last. (c)
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVE IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS CONTRIBUTION
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20b. PLACE OF INJURY (Home, farm, lour a.m. while not work at work a
21. I certify that (I) (this hospital) attended the deceased from 225, 1967, to 226/6,1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 125M, from the causes and on the date stated above
22a, SIGNATORE / 22b. DATE SIGNED
22c, PHYSICIAN'S ADDRESS MED. STAFF PHYS. Apr. 19, /1966
NAME (Type) G. Herbert Sembly E. Church St. Salisbury, Maryland
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, town or county) (State)
REMOVAL Specify April 20/1966 Parsons Cemetery Salisbury, Maryland
24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE R 2 5 1966 ADDRESS AD
HOLLOWAL & COMPANI SALISBURI, MARILLAND DAM N 2 3 1300 F



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and 2 1. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY after Maryland after Wicomico MARYLANO by the Pages CITY OR TOWN (If outside corporate limits, Adm 112 1D c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours Write RURAL and give nearest town) hours d. MANE OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Salisbury filled in e. IS RESIDENCE ON A FARM? d. STREET ADDRESS R.D.#2 Springhill Rd NO YES etely that the death certificate be executed within pou NAME DE First Middle Last DATE Month DECEASED DF DEATH and completemore carb ETHET LOUISE (Type or print) SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER IYEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 9. 7. MARRIED T NEVER MARRIED in any (WIDOWED DIVORCED 6 attending physician, ermit. Then please to prove the province of the province 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY?
USA 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) House wife Mardela None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emily Jackson William Budd Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Page 4 may be retained by the nospinal of constitutions of the attention of page 3 should be detached for use as the burial-transit permit should be filed with the State Dept. of Health prior to burial, cremation, or should be filed with the State Dept. Mr.J. Quinton Johnson (Husband) No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. CEATH WAS CAUSED BY: andrac IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Compagner YES NO alfrediracene 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING! OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m. at work at work 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 1966 saw the deceased alive on and that death occurred at A.M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. X fund M.D. PHYSICIAN'S 22d, ADDRESS 22c. NAME (Type) . Bichard Hughes Medical Salisbury, Maryland Center 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY /1966 Parsons Cemeterv Salisbury, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS HOLLOWAY SALISBURY, MARYLAND 1966 VR A15 (4) COMPANY 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND U63 CERTIFICATE OF DEATH nn and completely filled in by the funeral are carbon papers. Pages 1 and 2 in any event, within 72 hours after death. 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY comico MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR JOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO 🔽 Phinsul YES executed within Year 3. NAME OF First Middle DATE Month Day Last 4. DECEASED OF DEATH (Type or print) 15 19 0 AGE (In years | IF UNDER 1 YEAR FUNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. NEVER MARRIED 7. MARRIED 8. last birthday) Months Days Hours DIVORCED [WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT sician 10b. KIND OF BUSINESS OR 11. BIRTHPLADS (County & State, or foreign country) ease and in COUNTRY? requires that the death certificate be during most of working life, even if retired) INDUSTRY FATHER'S NAME MOTHER'S MAIDEN NAME d)E removal Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMAN as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unkown) (If yes Dive war or dates of service) INTERVAL BÉTWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) = attending physician, DUE TO Conditions, if any, which geve rise to immediate **DUE TO** (a), stating the underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prio (c) WAS AUTOPSY PERFORMED? CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. 5 NO 📈 YES hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL (State) the TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While ATTENDING at work 19 at work be retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2AM, from the causes and on the date stated above. 1966. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. TO HOSPITAL (Page 4 may 22d, **ADDRESS** 22c. PHYSICIAN'S 814 NAME (Type) 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) BUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND U6149 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Marvland Wicomico Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) funer may b Salisbury D.O.A. Salisbury the 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3 to 1 State Peninsula General Hospital 1135 S. Division St. NX I NAME DE DATE Middle Lest DECEASED Elmer Kelly (Type or print) Arcenus DEATH 11-20-66 19 with 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.

1718 yrs. Months Days Hours Min. 5. SEX 6. COLOR OR RACE 1 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? _ Carpet Installer Rug & Carnet Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elmer T. Kelly Mary A. Bull File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 1135 S. (Yes, no, or unkown) | (If yes give war or dates of service) Division St. permit. removal, Mrs Nancy Kelly, Salisbury. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fractured cervical spine burlal-transit Sudden IMMEDIATE CAUSE (e) cremation, DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the 60 ed as a burial, underlying cause lest. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? Si e YES NO. o be 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert I) of Item 18.) 밀늄 Passenger in truck involved in collision with 2nd truck
20d. NJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm., | 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year MEDI 1-20-66 White Not While at work Westover Somerset he cert 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection X. Inquiry X, and in my opinion death resulted from? Natural causes Accident X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER Earl L. Royer. l:=20--66 EXAMINER'S director. retained Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) 4-24-1966 Downing Methodist Oak Virginia REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ALSME (5) Pocomoke City.Md. 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06150 CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. CDUNTY b. COUNTY Maryland Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Salisbury Salisbury .≡ papers. un 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 720 E.Church Street 720 E.Church St within NO A YES etely death certificate be executed within rbon NAME OF First Middle Last DATE Month Dav DECEASED LINES. OF DEATH EDWARD APRIL RAYMOND SR. 19 66 compli (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNGER 1 YEAR IFUNGER 24 HRS last birthday) Months Days Hours | Min. Days Male WICOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 2. CITIZEN OF WHAT COUNTRY?
U.S.A ling physician Then please 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. during most of working life, even if retired) Painting Pa. House painter 13. FATHER'S NAME 14: MOTHER'S MAIDEN NAME remova cremation, or 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Lines(Wife)216 (Yes, no, or unkgwn) (If yes give war or dates of service) E (Mexican) 18. CAUSE OF OEATH (Enter only one cause per line for (a). INTERVAL BETWEEN The law requires that the -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY the hospital or attending physician. IMMEDIATE CAUSE (a) signed been signer the burial-t or to burial, DUE TO Conditions, If any, which gave rise to Immediate DUE TO (a), stating the underlying cause last. (c) S CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health certificate YES NO Y PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) ŏ detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, | factory, street, office bldg., etc.) 20f. (City or town) (State) (County) Hour a.m. While Not While at work at work p.m. A D retained 21. I certify that (I) (this hospital) attended the deceased from 19 to. that (1) (we) last DIRECTOR: age 3 should and that death occurred at A. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page filed DIRECTOR FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS director, NAME (Type). Salisbury Mary should DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. (State) Burial Parsons Cemetery Salisbury, Maryland 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. HOLLOWAY SALISBURY MARYLAND COMPANY VR A15 (4) 20 M 1/65

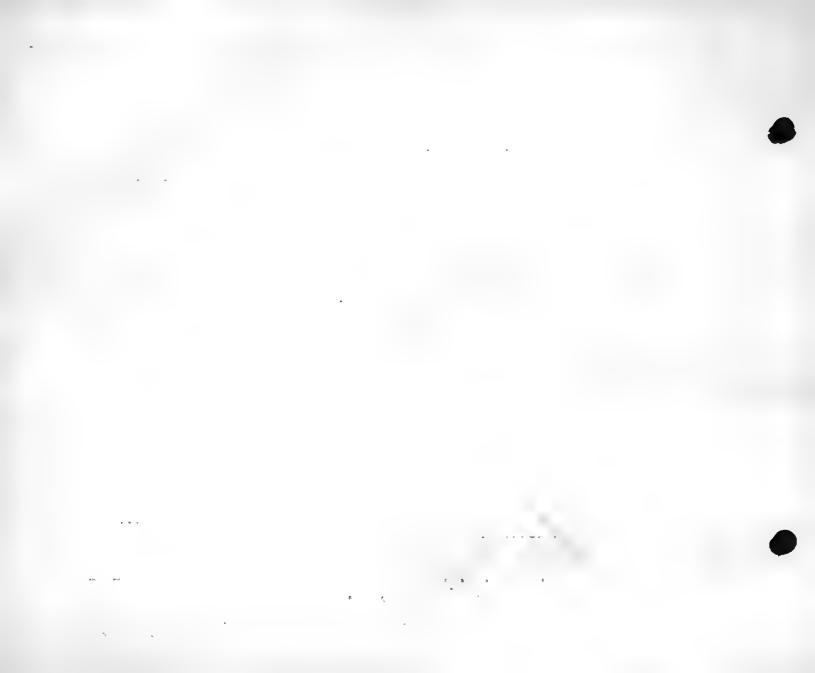
F 9.7 ₹

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06151 The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH physician and campletely filled in by the funeral en please remave carbon <u>na</u>pers. Pages Tood a. COUNTY a. STATE b. COUNTY Wicomico Maryland MARYLAND Wicomico c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If cutside carparate limits, swrite RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Since 8/10/65 Salisbury e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Pine Bluff State Hospital hin 304 Delaware Avenue YES NO 🗔 4 DATE NAME OF DECEASED Middle Month Dov Year Andrew DEATH (Type or print) Lyles 9. AGE (In years IF UNDER 24 HRS FUNDER I YEAR S SEX B. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED IK NEVER MARRIED last birthday) Months Days Nov. 10, 1910 Male DIVORCED Colored WIDOWED 10a USLAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT IDS. KIND OF BUSINESS OR 11. BIRTHPLACE (county & State, or foreign country) COUNTRY? INDUSTRY Jasper Co., Miss. 13 FATHER'S NAME TISA Cemilli McLaurin Lord Lyles 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO TS WAS DECEASED EVER IN U.S. ARMED TOKES.
(Yes, no, or unknown) (If yes give wor or dates of service)
28-24-2347 Records of Pine Bluff State Hospital Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchogenic Carcinoma IMMEDIATE CAUSE (a) 1621 DHE TO Canditians, if ony, which gove rise to immediate cause (a). **DUE TO** stoting the underlying couse as the Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? for use (YES X No [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Manth, Day, Year Not While factory, street, office bldg., etc.) Hour o.m. at work 21. I certify that (1) (this haspital) attended the deceased from Aug. 10, 1965 to April 1919 66 that (1) (we) last saw the deceased olive and pril 19 1966, and that death accurred a 6:40 M, from causes and on the date stated above. 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** 4/19/66 DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S P. Ritchings NAME (Type) Salisbury, Maryland director, shauld be 23g BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Salishurv Md Green Acres 25b. REGISTRAR'S SIGNATURE 2Sg. REC'D BY REGISTRAR PUNERAL DIRECTOR 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06152 06148 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY o STATE **b** COUNTY Wicomico Delaware after death. MARY, AND and 3 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 Millsboro d NAME OF HOSP TAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 8 IS RESIDENC ON A FARM? Peninsula General Hospit al YES 🗍 NO I⊧ 3 NAME OF First Middle Lost DATE Month within 72 DECEASED Margie Lynch 4-21-66 (Type or print) DEATH 19 S SEX AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLDR DR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH W bithdoy) Months Hours W WIDOWED DIVORCED event and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) LLDUSTRY ? (DUNTRY pages 1 in any i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within and DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) burial-transit PART | DEATH WAS CAUSED BY Coronary occlusion b IMMEDIATE CAUSE (o) used as a burial-tri burial, crematian, DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying couse lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPSY PERFORMED? NO X 0 þe 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notuse of injury in Post or Port II of item 181) shoutd PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 (Crty or town) 20d INJRY OCCURRED 20e PLACE OF INJURY (home, form, (County) 20c TIME OF INJURY Month, Doy, Year (State) factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While of work of work 21. I certify that I tagk charge of the remains described above, held an Autapsy , Inspection X Inquiry X and in my apinion Natural causes death resulted from Accident . ~Suicide 🔲 Homicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE TO DEPUTY Earl L. Royer, MA DEPUTY MEDICAL EXAMINER EXAMMER'S 4-21-66 Address (Street, city, town, or county) 09 Camden Ave. 23h DATE THEREO 23d LOCATION (City or Town) (County) (Stote) 0 REMOVAL ISpecify VR A15ME (5/1)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 73 55 death funera 1. PLACE OF DEATH 2. USDAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY etely filled in by the further than the papers. Pages 1 a within 72 hours aftered a. STATE b. COUNTY WICOMI MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) R U d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREEL ADDRESS YES A NO letely executed within carbon 3. NAME OF Middle DATE Month Year Last 4. Day DECEASED event. RENCE (Type or print) DEATH comple 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS remove 9. 7. MARRIED X NEVER MARRIED Jast birthday) Months Davs Hours any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 2 and certificate. physi 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal attending parmit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address 17. 0 (Yes, no, or unknwn) | (If yes give war or dates of service) cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) INTERVAL BETWEEN this certificate has been signed by the letached for use as the burial-transit is bept, of Health prior to burial, cremat ONSET AND DEATH PART 1, DEATH WAS CAUSED BY: attending physician. Cardin uns cu IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which wowell (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use Health 占 NO T YES the hospital 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING detached for te Dept. of F OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1200, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. After While Not While be retained by at work at work should 1966, that (1) (we) last TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 1966. to 4-30 and that death occurred at 1045 AM, from the causes and on the date stated above. 1966 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 30-66 M.D. PHYS. DIRECTOR PHYS. TO HOSPITAL Page 4 may PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 90 23d. 23a BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) REC'D BY REGISTRAR ADDRESS 25a. 25b REGISTRAR'S SIGNATURE FUSERAL DIRECTOR VR A15 (4) 15M 4-64



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10 = M	06154 CERTIFICATE OF DEATH 06150
hours after death. In by the funeral Is. Pages 1 and hours after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE // points b. COUNTY
ter he f ter	WICOMICO MARYLAND MARYLAND MARYLAND
rs aftu by th Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Chinco teague
nours of lin by s. Page hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
fille fill 724	Peninsula Gen'eral Hospital 109 Church Street VES NO N
aw requires that the death certificate be executed within 24 houttending physician. has be signed by the attending physician and expected filled in as the burial-transit permit. Then please remove carbon papers, prior to burial, cremation, or removal, and in any event, within 72 hours.	3. NAME OF DECEASED (Type or print) John Richard Middle Last 4. DATE Month Day Year OF DEATH APRIL 8 1966
ted ever	5. SEX 16. COLOR OR RACE 7. MADDIED TO 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR UF UNDER 24 HRS.
xecu	MALE WIDOWED DIVORCED Nov. 20, 1919 Last birthday) Months Deys Hours Min.
ian ian din	10a. USUAL OCCUPATION (Give kind of work done out to the first of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work done out to the first of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. S. A. Virginia
te the ysic	veider N. d. J. A. Virginia U. J. A.
iffca g ph nen loval	13. FATHER'S NAME Arthur G. McAllen Evelyn Savage
ren Tilli	15 WAS DESCRIPTION II C ADMIN FORDESC : 15 COURT SCHOOL NO 17 PARTOMANT Address
ires that the death certificate be execute physician. signed by the attending physician and explorate transit permit. Then please rehtors burial, cremation, or removal, and in any experience.	(1) Solid Second 11 Mediana McAllen, Chincoteague, Virginia
the tree ation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
an. an. i by ransi	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leo. T. Failura
law requires that tattending physician. I has be≡s signed be as the burial-tran harior to burial, cre	Conditions, if any which I am Phermatical Hoard Decare ' if mo
dires physical physical physic	gave rise to immediate
requir nding p berr the b	cause (a), stating the DUE TO underlying cause last.
	Elemented levy desance, Blaumatoid authitis YES NO [
d tribit	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ING PHYSICIA by the hospi lifter tils ceri be defached State Dept. of	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work
	21 L certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 that (I) (we) last
ATTENDI retained retained ELTE: A 3 should with the	saw the deceased alive pn 19 , and that death occurred at 1/2 M, from the causes and on the date stated above.
Se S	ATTENDING WED. STAFF DOG ON 65
may may r, pag	22c, PHYSICIAN'S NAME (Type) M,D. PHYS. DIRECTOR P
SPII	NAME (Type)
FO HOSPITAL OR Page 4 may be of control of c	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
h iii	Bernavial (specify) 4-11-1966 Berlah (emetery Delivery Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4)	Salyer Funeral Home, Chincoteague, Virginia DAPR 13 1966 Scharles Judge
15M 4-64	

1 6,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- E0	06155 CERTIFICATE OF DEATH 06151
24 hours after death. filted in by the funeral appers. Pages 1 and 2 and 3 and	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 4. COUNTY 4. COMICO MARYLAND D. COUNTY WICOMICO
ts after by the Pages 1	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)
hours a	Fruitland '
filled papers nin 72 I	d. Name of Hospital or Institution (if not in hospital, give street address) Continue of Hospital or Institution (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Hayward Ave. Yes No No No No No No No N
rted within completely ve carbon event, with	3. NAME OF DECEASED (Type or print) One WASHINGTON MCALLS ten DATE Month Day Year DF DEATH April 14 1964
sice, and completely filled and in any event, within 72 hand in any event.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNOER 1/EAR IFUNOER 1
sich a Sich a lease re and in a	10a, USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
Tal, a	Retired laborer-Machinist-Factory Elliott's Island, Md USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certifica Iding p	James McAllister Mamie
of it te	15. WAS DECEASED EVER INU.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war or dates of service) 214-07-8505 Havward Ave. Salisbury. Md. PI-2-5592
requires that the ding physician. been signed by the burial-transit or to burial, cremaint	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) -/ 2 0 DUE TO Conditions, If any, which gove rise to immediate cause (a), stating the underlying cause last. (c) INTERVAL BETWEEN ONSET AND DEATH #21801 INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
M: The law itel or atten tificate has for use as f Health privi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES X NO
PHYSICIAM: The law the hospital or atten this certificate has detached for use as e Dept. of Health pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, Hour a.m. While Not While at work
ATTEND retaine CTOR: 3 should with the	21. I certify that (I) (this hospital) attended the deceased from 4-9, 1966, to 4-14, 1966 that (I) (we) last saw the deceased alive on 1966, and that death occurred at 6:15 M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED. STAFF
TAL may AL Dag	22c. PHYSICIANS 122d. ADDRESS NAME (TYPE) James L. Clifford Salisbury, Maryland
TO HOSPI Page 4 TO FUNER director should b	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) April 17/66 Wicomico Memorial Park Salisbury, Maryland
VR A15 (4)	HOLLOWAY & COMPANY SALISBURY, MARYLAND DAAPR 20 1966 Clearles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Wicomico Maryland Wicomico ىە MARY! AND ve carbon papers. Pages event, within 72 hours aff c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN ('f outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury Salisbury. Md. completely filled in o. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 709 Ferndale Road No YES Deeres Head State Hospital executed within NAME OF Middle Last DATE Month Year 1966 DECEASED April McCarty DEATH William Adams (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED IX remove OATE OF BIRTH NEVER MARRIEO last birthday) | Months i Hours any and June 10/1904 DIVORCED WIDOWED Male white Sician a 12. CITIZEN OF WHA 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Manager-Optical Co. COUNTRY The law requires that the death certificate be Phila. Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank McCarty Thekla Findeeson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Norma McCarty(Wife)709 Ferndale 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) been signed by the atten the burial-transit permit. or to burial, cremation, or Salisbury, Maryland INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Pulmonary Embolus O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that t Page 4 may be retained by the hospital or attending physician. Carcinoma of left lung c Metastasis of brain months Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? for use Health NO X YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) etached f Dept. of MEDICAL (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 28 DE April 21. I certify that (I) (this hospital) attended the deceased from April 1966 29 1966 that (I) (we) last OIRECTOR: A age 3 should lled with the 5 1966, and that death occurred at 1:35M, from the causes and on the date stated above. saw the deceased alive on April 29 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. page PHYS. DIRECTOR M.O. O FUNERAL (director, pag should be fill ACCORESS Deer's Head State Hospital PHYSICIAN'S 22d. Gutierrez Dr. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, OATE THEREOF 9 Arlington Memorial Park Allentown. 4/1966 25a. REC'O BY REGISTRAR 25b REGISTRAD'S SIGNATURE AND THE STATE OF THE 24. FUNERAL DIRECTOR AOORESS HOLLOWAY. SALISBURY, MARYLAND COMPANY VR A15 (4) 20M 1/65

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1	MARY DIVISION OF STATISTICAL RESEA	LAND STATE DEPARTMENT OF HEAI RCH AND RECORDS, 301 W. PRESTON STRI	LTH EET, BALTIMORE 1, MARYLAND
4 77 4	96157	CERTIFICATE OF DEATH	06153
er death. e funeral 1 and 2 er death.	1. PLACE DE DEATH e. COUNTY WICOMICO	2. USUAL RESIDENCE (Where a. STATE	deceased lived, if institution: Residence before admission, b. COUNTY
hours after d in by the frs. Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside	corporate limits, write RURAL end give nearest town)
24 hor filled in apers, n 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hos	pital, give street andress) d. STREET ADDRESS'	e. IS RESIDENCE ON A FARM?
ruted within 24 hours af completely filled in by to the carbon papers. Page y event, within 72 hours a	3. MAME OF First DECEASED (Type or print) Hochaet	Middle Last 4. DA Lushoe Mezical OF	TE Month Day Year
executed within any completely temove carbon any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. MATE OF BIRTH	9. AGE (In/years IFUNDER 1 YEAR IFUNDER 24 HRS Lest birthday) Months Deys Hours Min.
e be execut rsician and lease remo	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOWED 10b. KIN	DIVORCED 14 BIRTHBLACE (County & St OUSTRY	ate, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
certificate be e. mding physician i. Then please removal, and in	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	011
law requires that the death certificate trending physician. has been signed by the attending physis as the burial-transit permit. Then ples prior to burial, cremation, or removal, and the prior to burial, crematical, and the prior to burial, crematical, crematical, and the prior to burial, crematical, crematical, and the prior to burial, crematical, cr	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SI (Yes, no, or unknown) (If yes give war or dates of service)	OCIAL SECURITY NO. 17. THEORMANT	Address +
e deat the at it perm	18. CAUSE OF DEATH [Enter only one cause pay Jim	8-03-01(4-11), Mb/c, 19	SILK JATIN INTERVAL BETWEEN
that the cician. The property of the cician. The property of the property of the cician of the cicia	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	jotardel mjane	1 cm 3 (x2) "12" (xay)
The law requires that the deat or attending physician. Thate has been signed by the at use as the burial-transit pernialth prior to burial, cremation.	Conditions, if eny, which gave rise to immediate (b)	on any line force	year year
iaw re attendii has be a as th prior	underlying cause last. (c)	ING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in	YES NO
PHYSICIAN: The law the hospital or attitute the tribic certificate had detached for use a te Dept. of Health p		URY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20s	. (City or town) (County) (State)
OR ATTENDING PHYSICIAN: be retained by the hospital HRECTOR: After this certificies 3 should be detached foliate with the State Dept. of H	Hour e.m. While at work	Not While factory, street, office bidg., etc.)	4/9/66
R ATTENDIN es retained to RECTOR: Aff 3 Should b	21. I certify that (I) (this hospital) attended saw the deceased alive on 22a. SIGNATURE	the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	from the gauses and on the date stated above
AL OR J ay be a Dage 3 filed w	22c. PHYSICIAN'S	M.D. ATTENDING MED. DIRECTOR	
TO ROSPITAL OR ATTENDING IP PAGE 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	NAME (Type)	ton JIlisbun	LOCATION (City, toyn or county) (State)
Pa To F	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATORY 23d. ADDRESS 1 25a. REC'D BY RI	EGISTRAR 250 DEGISTRAR'S MGNATURE
VR A15 (4) 15M 4-64	C. D Mpsil, BI	Valve, Me JAPR 14"	1966 Mintes Judge
	,		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06158CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH
a. COUNTY Wicomico 2. USUAL RESIDENCE (Where deceased fired, If institution: Residence before admission) b. COUNTY icomico a. STATEMaryland the fuses 1 after (MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TDWN (if outside corporate ilmits, write RURAL and give nearest town) à write RURAL and give nearest town) Salisbury .⊑ filled in papers. iin 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Pen.Gen.Hospital Elizabeth Street 401 thin NO X remove carbon p PHYSICIAN: The law requires that the death certificate be executed within NAME OF First Middle Last Month Day Year DECEASED DF DEATH event STANLEY APRIL 19 66 CHARLES MILES 30th (Type or print) 5. SEX ACE (In years | IF UNDER 1 YEAR last birthday) | Months | Days. 6. CDLOR DR RACE 8. DATE OF BIRTH **IF UNDER 24 HRS** 7. MARRIED X NEVER MARRIED Hours Male Apr. 20/ White WIDDWED [DIVORCED [10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY physician a please r val, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Fairmount (Som. Co.) Mdl Railroad employee-Cook 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy ermit. Then p in or removal, Josephine Howeth Howard Miles 14-10-7896 Mrs Sall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? M. Miles (Wife) 401 sbury, Maryland transit permit, cremation, or r Elizabeth St (Yes, no, or unkown) (If yes give war or dates of service) No CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TD Conditions, If any, which rise to Immediate DUE TO cause (a), stating as th underlying cause last. (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY tached for use Dept. of Health p PERFORMED? YES V NO T 20a, ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) TIME DF INJURY Month, Day, Year 20f. (City or town) (County) Hour a.m. Not While retained by at work at work o to. 30 21. I certify that (I) (this hospital) attended the deceased from 1966 that (1) (we) last 3 should with the _19 66 and that death occurred at M, from the causes and on the date stated above. 30 Apr. saw the deceased alive on. 22b. DATE SICNED 22a. SICNATURE Page 4 may be page filed ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 1966 M.n. O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, I should be Salisbury, Maryland Dr. James Medical Center BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY DR CREMATDRY 23d. LDCATION (City, town or county) 9 Parsons Cemeterv Saltsbury, Maryland 24. FUNERAL DIRECTOR SALISBURY MARYLAND COMBANY VR A15 (4) 20M 1/65



38 / 1 (A.R.	MARYLAND STATE DEPARTMENT OF HEALTH
200	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
hours after death. I in by the funeral S. Pages 1 and 2 hours after death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
er d	a. COUNTY MARYLAND MARYLAND MARYLAND D. COUNTY MORCESTER
s aff by th Pages rs af	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hours S. F.	d. NAME OF HOSPITAL OR ANSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE
24 fillec n 72 n 72	ON A FARM?
tely on mithin	3. NAME OF First Middle Last 4. DATE Month Day Year
f will mplet carb	OFCEASED (Type or print) Joshua (Morris DEATH April 13 1966
cutec f cor	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGB (in years FUNDER 14 FAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
execution and a second	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
a licina	COUNTRY?
phys	13. FATHER'S NAME
ertiff Ing The emo	JOSHUMA, MORRIS ANNA HICKMAN
th c fitteni mit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes pire war or dates of service)
dea he a pen tion,	18. CAUSE OF DEATH [Enter only one cause per Aine for (a), (b), and (c).]
requires that the death certificate be executed within 24 hours after ding physician. been signed by the attenuing physician and completely filled in by the the burial-transit permit. Then please employe carbon papers. Pages 1 or to burial, cremation, or removal, and in any event, within 72 hours after	PART I, DEATH WAS CAUSED BY: JULIAN WORL, Sedemon DEATH
that sicia gned al-tr	4211 DUE TO a to California 1
phy phy purious in six purious	conditions, if any, which gave rise to immediate
requiding pee	cause (a), stating the DUE TO
law relatendir has be e as th h prior i	
The lor icate us leaft	S S NO D
IAN: spita entif of t	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH OR (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: The latthe hospital or attention to the hospital or attention to the detached for use a detached for use a te Dept. of Health p	
DING PH ed by th After th Id be de e State [20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While p.m. 19 at work at work
ENDIN Vined to Re. Affi Could b	21. I certify that (I) (this hospital) attended the deceased from 1600 1966 to 4/13 1966, that (I) (we) last
STOR Stor	specified deceased alive of 4/13 19/25, and that death occurred at 1/16/10M, from the causes and on the date stated above.
OR / DIRECT	ATTENDING ATTENDING MED. STAFF STAFF
TAL may	M.D. PHYS. DIRECTOR PHYS. 17/7/6 (2) PHYS. CIAN'S ADDRÉSS NAME (Type)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please enhouse should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
- lot	24. FUNERAL DIRECTOR ADDRESS 125a, RECO BY REGISTRAR 25b, REDISTRAR SIGNATURE
VR A15 (4) 15M 4-64	Anna A. Burbage Buli md DATAPR 18 1966 fliantes Judge.
-VIII 4.04	



1	2		Division of	STATISTICA	MARY L RESEA	LAND STATE D	EPARTMENT	OF HEAL	TH ET. BALTIMORE	. 1. MARVI	AND
FOR S	TATE	1	06160 -			EXAMINER'S				,	08150
HEALTH	DEPT.	1.	PLACE OF DEATH						deceased lived, If insti	tution; Resider	nce before admission
	$_{-}(N)$		a. county Wicomi	.00		MARYLAND	e, STATE	Maryla	nd b. COUNT	Y Wicc	omico
sary nera ny bi	Department after death:		b. CITY OR TOWN (If or write RURAL and give to the control of the	itside corporete i	lmits,	C. LENGTH OF STAY IN 1	c. CITY OR TO		orporete limits, write	e RURAL end	give nearest town
e fe	er d	_						Eden	(Rural)		- /
age 5	State De hours aft	CŞ	rner- Camo	len Ave.	Ext.	and S.Dix.	d. STREET ADD	R.D.#	2		e. IS RESIDENC ON A FARM? YES NO
delay and 3 3. Pa	E TO		NAME OF DECEASED	First		Middle	Lest	4. DAT	E Month	D	ey Yeer
P. 2.3	h the		(Type or print)	WILLAR		MAYHEW	MORRIS	DEA			
es 1	with		8EX 6. CO	LOR OR RACE 7.		NEVER MARRIEO	8. DATE OF BIRT		lest birthday) N	FUNOER 1 YEA Nonths Dey:	AR IFUNDER 24 HR
death. Pages ith for	2 × 2		USUAL OCCUPATION (GIV		WIDOWED	NO OF RUSINESS OR	Feb.8/19	CE (State or for	52 yrs.	2 2	N OF WHAT
Sive Wil	(4)	qrii	ing most of working life,	even if retired)	LN	DUSTRY		Maryla		COUNT	RY? A
s aff	RE.		FATHER'S NAME	10014004	911 01		14. MOTHER'S		1200		7 72
5 5 3	A P		arion F.Mc				Laura E	Brumley			
24 L	and and	15 (Y	WAS DECEASED EVER IN 1, no, or unknown) (If yes o	U.S. ARMED FOR CI	ES? 16. 9	OCIAL SECURITY NO. MY	INFORMANT	t. W. Mo	rris(Wif	elR.D.	#2
er's	permit. removal	7					den Mary		1110(0-1)	2/12/2	111 14
d wi	ren		18. CAUSE OF DEATH							IN'	TERVAL BETWEEN NSET AND DEATH
E ST	i, or		PART I. DEATH WA	DIATE CAUSE (e).	Fi ³ 70	acture dislo	eation low	er cervi	cal spine		Sudden
idin ical	ation at		Conditions, if any, wi	DUE TO							
should be word "per Chief Med	cremation, or		gave rise to immed cause (e), steting	lete (, , , , , , , , , , , , , , , , , ,							
nief hief	40		underlying couse last.	(c).							
	ed as burial	LION	PART II. OTHER SIGNIFIC	CANTCONDITIONS	CONTRIBUT	ING TO DEATH BUT NOT RE	LATEO TO THE TERM	INAL DISEASE CO	NOTTION GIVEN IN P	ART 1(a) 19	WAS AUTOPSY PERFORMED?
certificate ting the ed to the	25 V	ICA]									YES NO 5
ed Ti	ld be	CERTIFICATION	20a. EXTERNAL CAUSI PRIMARY X or CONTRI CAUSE OF DEATH.	BUTING [ESCRIBE HOW INJURY OC					
R: This cer ate, writing forwarded	3 should agent, p			Month, Oay, Yea	r 20d. IN	river of car JURY OCCURRED 20e. P	involved ACE OF INJURY (Ho	in a two	car colli	Sion (County)	(State)
for for	2, 28 °	WEDICAL	A D MIRW am	/29 1966	While	Not While H	tory, street, office b	ldg., etc.)			ico- Md.
d b	Page	≥	4.55		the rema	ilns described above, h			ion X, Inquir	y X -1, a	nd in my opinio
EXA houl	TOR: Page Jesignated		death resulted from				-	omicide,	Undetermined n		
4 s 4 m			1	V. K				EDICAL EXAMINI			
MEI ecute Page or yo	or its		SIGNATURE		lover		IVIU,	IT MEDICAL EXA		5	223 DATE SIGNED
>- 21	4 - J		EXAMPLER'S 409	Camden	7 4	Salisbury.		MEDICAL EXAMI (Street, city, tov		1730	3 /1966
DEPUT please (director, retained	FUNERAL F Health	232	BURIAL, CREMATION,			23c. NAME OF CEMETE			LOCATION (City, tow	n or county)	(State)
5 4 5 5	00		Burnian	May 2/1	966	Allen Ceme	- 4	J.LA			
	M		FUNERAL DIRECTOR			ADDRESS		. REC'O BY RE	and I	CISTRAR'S SIL	
VR A15	ME (5)	F	% YAWOLLOI	COMPANY	SA	LISBURY, MAR	XXLAND O	MAY 5	1966 Jan	arles	noge



HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STAT	ISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET,	BALTIMORE	1, MARYLAND
61	MEDICAL	EXAMINER'S	CERTIFICATE	OF D	EATH	061

98157

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Instit	
	Wicomico MARYL	a. STATE Maryland b. COUNTY	Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write	
	Salisbury	Salisbury	1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad	d. STREET ADDRESS	e. IS RESIDENCE
e.			ON A FARM?
-	Peninsula General Hospital	Route 3	YES NO X
	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) MARGARET D.		13-66 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
	F W WIDOWED X DIVORCED	4-13-84 82 yrs.	iontra Days Hours Min.
	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
	Housewife Domestic	Maryland	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UaSasa
	William Champa Dilleauton	14 W4	
	William Thomas Pilkerton 15. WAS DECEASED EVER INU.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.	Mary Tippett INFORMANT Address	
	(Yes, no, or unkown) (If yes give war or dates of service)		
	No	ouis Murphy, Waldorf, M	iaryland
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Pulmonary em	us	Sudden
	1040 DUE TO		
1	Conditions, if any, which the Fracture of	t hip	3 wks.
	gave rise to immediate		
	cause (a), stetling the DUE TO underlying cause last. (c)		
	(0)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ARTI(a) 19. WAS AUTOPSY
4	ATIC		PERFORMED?
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY 30 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURE FELL at hor	URRED. (Enter nuture of injury in Part I or Part II of	
	PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	Witter tento nature of vijery in tent i or for it	
	GAUSE OF DEATH. Fell at hor	ACE OF INJURY (Home, farm.) 20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 21 Hour 2000. A 21 66 While Not While	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bidg., etc.)	(County) (State)
1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 21 Hour Sext 3-21-66 While at work of et work	Own home Salisbury	Wicomico Md.
5	21. I certify that I took charge of the remains described about	eld an Autopsy (X), Inspection (X), Inquir	y 🔟, and in my opinion
	death resulted from Natural causes , Accident X,	uicide , Hamlolde , Undetermined m	nanner
		CHIEF MEDICAL EXAMINER	-
	ACTUAL CONTRACTOR	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE Earl L. Royer, M. P.	DEPUTY MEDICAL EXAMINER (X	1. 11 66
		Address (Street, city, town, or county)	4-14-66
The same of	NAME (1990) 109 Camden Ave. Salisbury, 238. BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CE	RY OR CREMATORY 23d. LOCATION (City, tow	n or county) (State)
	REMOVAL (Specify)		•
)	Burial 4-16-66 St Marys	25a. REC'D BY REGISTRAR! 25b. REG	ISTRAR'S SIGNATURE
	The Huntt Funeral Home, Waldorf	400 4 0 4666 (77)	carles Judge
	I vira transfor rangitar mone, authorit	ALL DATE IN A C 1000 //	1

VR ALSME (5) 5M 1/65

TO DEPUTY MED.— EXAMERER. This certificate should be executed within 24 hours after death. If any delan cessary, please execute the certificate, writing the word "pending" in pendil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Total Phis. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06162CERTIFICATE OF DEATH funeral 24 hours after death, ba. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Tal Wicomico Pages 1 urs after the comico MARYI AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Salisbury LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Rural '66 .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Pen.Gen.Hospital R.D.#3Mt.Vernon Ave. NO X YES death certificate be executed within NAME OF First Middle Last DATE Month Day Year DECEASED DAISEY NOCK PIERCE APRIL 19 66 ysician and compilesse remove call and in any event, (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED C NEVER MARRIED last birthday) Months Days Female No DIVORCED WIDOWED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? House wife None Stockton(Wor.Co. S) Md. TT physi nding phys Then pl removal, ፭ 13. FATHER'S NAME MOTHER'S MAIDEN NAME David Watson Hancock Daisey Nock Ward attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? BULL Pierce (Husbana) Mt. Vernon Ave 5 (Yes, no, or unknown) | (If yes give war or dates of service) permi No Salisbury, Maryland cremation, the 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN The law requires that the been signed the burial transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate had detached for use the Dept. of Health for use Health PERFORMED? YES Y NO . ATTENDING PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. at work at work ㅁ the that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from to DIRECTOR: age 3 should iled with the M. from the causes and on the date stated above. and that death occurred at saw the diceased alive on 22a. SIGNATURE. DATE SIGNED STAFF MED M.D. PHYS. DIRECTOR PHYS. 1966 4 тау HOSPITAL director, p FUNERAL 22c. PHYSICIAN 22d. ADDRESS NAME (Type) liam D Salisbury Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Apr. 28 19661 Portersville Church Clem. (Worcester Co. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR I HOLLOWAY SALISBURY, MARYLAND DA COMPANY VR #15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Wicomico Mary Land Worcester MARYLAND Department after death. b. CITY DR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 10 c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Ocean City Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADORESS DN A FARM? State hours Peninsula General Hospital Route NO YES DATE NAME OF First Middle Last Month Year DECEASED PRUITT CARL DEATH 11-111-66 (Type or print) 19 within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED last birthday) Monthe ! Devs Hours 8-23-1882 M WIDOWED-DIVORCED [event 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR during most of working life, even (f retired) | INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland
MOTHER'S MAIDEN NAME Cust odien IIS A pages 1 in any School Millie Blades Marcel Pruitt File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) permit. remova Mrs. Nellie P. Kelly. Unknown Ocean No INTERVAL BETWEEN ONSET AND DEATH Days 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Bronchial pneumonia burial-transit cremation, DUE TO Years Conditions, if any, which Diabetes Mellitus (b) gave rise to immediate DUE TO ceuse (a), steting the underlying couse last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY used to but PERFORMEO? NO W Fracture of left hip, intertrochanteric YES T 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) 50 Fell at home. 3 should agent, p 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour e.m. Not While Ocean City, Worcester, Md. 1-1-66g at work ot Own home. at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X, and in my opinion Undetermined manner death resulted from: Natural causes Accident Y Suicide Homicide CHIFF MEDICAL EXAMINER your 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER TX L. Royer, Earl. 1-16-66 **EXAMINER'S** retained director. Address (Street, city, town, or county) Camden Ave. Salisbury Md. NAME (Type) BURIAL, CREMATION | 23b. DATE THEREDE 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State) 00 Springhill Cemetery | Girdletree, Md.

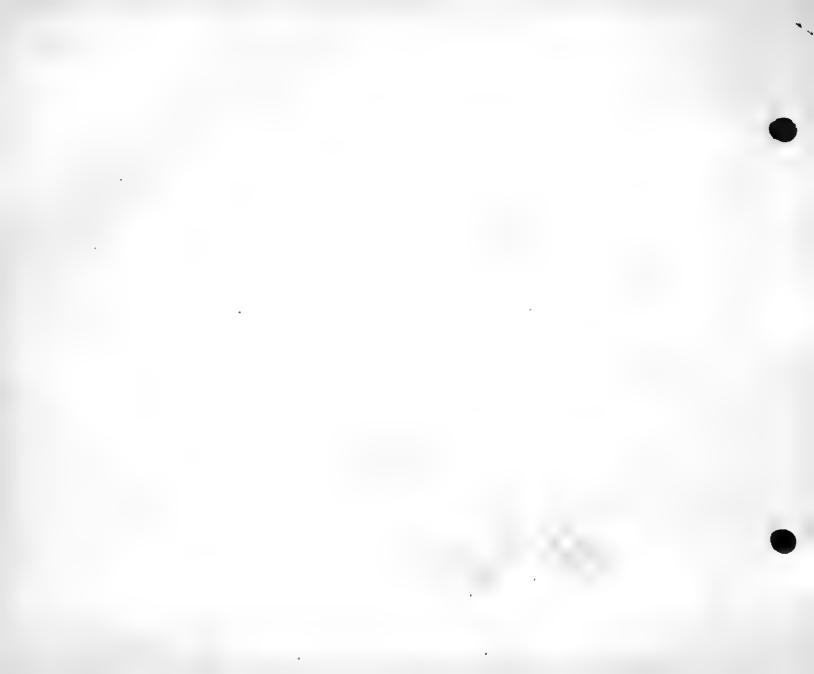
ADDRESS | 256, REGISTRAR | 256, REGISTRAR'S SIGNATURE 4/16/66 FUNERAL DIRECTOR VR ALSME (5) Snow Hill, Maryland 1/65



1		1	Item 18 Film G376 4/2MARYLAND STATE DEPARTMENT OF HEALTH
EDD S		1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH () [140]
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S to the	par ter	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
60	State Department hours after death		DN A FARM?
10 D	Stat	-	Peninsula General Hospital YES NDK
y d	the 72 h	1,	DECEASED
us after death. If any delast. Give Pages 1, 2, and along with form PM3.	##	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Y 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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dea it	pages 1 and 2	10	a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Give	-22	L	Ting-most of working Ilfe, even If retired) INDUSTRY (1.5 A)
S at	S. F.	13	FATHER'S NAME
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n 24 hou I in Item s Office	File 1, and	1: (Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address / (es, no, or unkown) (If yes pive war or dates of service)
ers in	permit. removal		218-24-4071 Ella Purnel Beshop, Md
uted withi "in pencil Examiner			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] PART I. DEATH WAS CAUSED BY: A cute tracheal bronchitis INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
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ding ical	burial-tran cremation,		FoodName If any which h
be Med	uria		gave rise to immediate (
d ad	***		ceuse (e), stating the underlying cause last. (c)
Show Work	l as uria	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
the state	used as to burial	Z Z	YEST ND
EXAMINER: This certificate should be execut to certificate, writing the word "pending" should be forwarded to the Chief Medical Eshould	or in	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of Item 18.)
writ de	3 should be agent, prior		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
te H	gent	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While State)
NEE Fisca		MED	
Cent	· c- 2		21. I certify that I took charge of the remains described above, held an Autopsy 💢, Inspection 🛣 Inquiry 💢, and In my opinion
Shou	TOR lesig		death resulted from Natural causes K Accident , Suicide , Homicide , Undetermined manner
25 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	REC its o		CHIEF MEDICAL EXAMINER ACTUAL ACTUAL
Page 3			DEPUTY MEDICAL EXAMINER TO
# 6	ERA alth		Name (Type) Address (Street, city, town, or county)
O DEPUTY please ex director.	FUNERAL DIRECTOR:	23	a. BURIAL CREMATION, 23b. DATE HEREOF 23c. NAME UF CENTETERY OF CREMATORY 23d. LOCATION (City, town or county) (Staje)
2 2 2 3	7 = 4		Buril app. 11,1966 Showell and showell.
100 11	ELE 101 3	7	100 04 100 00 100
5M	5ME (5)	K	Jongles Milson Francisford, Ld. APR 21 1966 Charles Judge



. 1 4	1	MARYLAND STATE I Division of STATISTICAL RESEARCH AND RECORDS, 3	JEPAKIMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAN	D 21201
FOR STATE M		06165 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH	06161
HEALTH DEPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution-	Residence before odm ssion)
is to the		G COUNTY Wicomico MARYLAND	o STATE Maryland b. COUNTY	Worcester V
Pay Pay deaf	-		c CITY OR TOWN (If outside corporate limits, write RURAL of	
2, and 3 ta PM3. Page partment of		b CITY OR TOWN (f autside corporate limits, write RURAL and give nearest town) Hebron C ENGTH OF STAY IN 1b	Pocomoke City	
5,5,4 B		d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e IS RES DENCE ON A FARM?
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death It Pages with for		NAME OF First Middle	Last 4 DATE Month	Doy Year
haurs after death tem 18. Give Page Office along with and 2 with the State event within 72 h		DECEASED (Type or print) KENNETH LEE	PUSEY OF DEATH 4-23	
after algorithm with	5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARR ED K		UNDER 1 YEAR IF UNDER 24 HRS Inths Days Maurs Min
24 haurs a in Item 18. r's Office al es Iond 2 winy event w			April 22,1943 23 vis	
thin 24 haurs encil in Item 18 miner's Office o pages I and 2 v in any event?	10c	o USUA, OCCLPATION (Give kind af wark dane in 10b. KIND OF BUSLINGS PROGRAMMENT OF MARKET OF THE PROGRAMMENT	11 BIRTHPLACE (State or foreign country)	12 C TIZEN OF WHAT
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hin not nine pag in o		FATHER S NAME	14. MOTHER'S MAIDEN NAME	
d within in pencil Examine File page and in a	la.	alter Thompson Pusey	Eloise Ardis	
ale ale	15 (Ye	es na ar unknown). Iff yes give war or dates of service)!	/ INFORMANT Address	
edic edic			rs Eloise A. Pusey, Poc	omoke, Md.
s certificate shauld be executed within 24 haurs afte, writing the ward "pending" in pencil in Item 18. Cfarwarded to the Chief Medical Examiner's Office alone used as a burial-transit permit. File pages I and 2 with burial, crematian, or removal, and in any event with		18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c)) PART I DEATH WAS CAUSED 8Y		INTERVAL BETWEEN ONSET AND DEATH Minutes
d be d "j Chie fran		IMMEDIATE CAUSE (0) TOTAL DUTYS		Minutes
aulo war he (ial-t		Conditions if any which ages 5		
sh he ta t bur ma		rise to immediate cause (a), (DUE TO		
cate ng the		stating the underlying cause (c)		
This certificate shauld cate, writing the ward be farwarded to the Ct I be used as a burial-train to burial, crematian,		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g)	19 WAS AUTOPSY PERFORMED?
s certifice, writ farwar farwar b buria	CERTIFICATION		.,	PERFORMED? YES NO 1
This reale for the factor of t	IEC	200 EXTERNAL CAUSE WAS PRIMARY TO CONTR BUTING 200 DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Part II of tem 18)	
R: The entities of the second beauty to the second	(E)	PRIMARY AN OF CONTR BUTING LI CAUSE OF DEATH Occupant in parke	ed vehicle struck by another	vehicle.
MECTAL EXAMINER: This operate execute the certificate, director Page 4 should be faretoined for your files. DIRECTOR: Page 3 should be used by the control of the certain of the control of the certain	MEDICAL	202 TIME OF IN LIDY Month Day Your 2004 INTILDY OFFI POPO 200 I	PLACE OF INJURY (Hame, farm 20f (City or tawn)	(Caunty) (State)
AM Gent Gent Age age	Æ	1:30 x 4-23-669 While Not While E Gh	octory street off ce bldg. etc.) Hebron, Wi	comico, Md.
LEXA ecute Page or yau R:Page sted a		21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection A, Inquiry	X, and in my opinion
e exector ped for control for control for control signates		deoth resulted from: Notural couses , Accident X, S		er 🔲
rect arne arne desi		ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER	
r ME plea di dire reto L DIR its d		SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
or ERA		EXAMMER'S Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER (C)	April 25, 196
TO DEPUTY MECCAL EXAMINER: necessory, please execute the cert the funeral director Page 4 shouls 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, pro	22	NAME (Type) 1:09 Camden Ave., Salisbury, M. BURIA, CREMATION. 236 DATE THEREOF 23C NAME OF CEMETERYX	Address (Street, city, fawn, ar county) 123d LOCAT ON (City or Town)	(County) (County)
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	230	BURIAL (REMATION) 23b DATE THEREOF 23c NAME OF CEMETERYX 4-26-1966 First B		(Caunty) (State)
0	- 24	FUNERAL DIRECTOR ADDRESS		Worcester, Mo
VR A15ME (5)		Report N. Waken Pocomoke Ci		ruley Judge
OM COO	4	10 100 11. Mariant . Comoke OI	ON PROPERTY OF TODOL	11 0



1 (N	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ithin 24 hours tely filled in by bon papers. Pagwithin 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIGENCE ON A FARM? YES NO NO
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law requires that the death certificate be executed within tending physician. The attending physician and beging the stending physician and beging the burial-transit permit. Then please remove carbon prior to burial, cremation, or removal, and in any event, with		OF DEGEASED (Type or print) Liff 16 m. Cation Pusey DEATH April 14 1966
recuted independent	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. lest birthday) Months Days Hours Min.
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ate be e hysician please r I, and in	qui	Ing most of working life, even if retired) INDUSTRY
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death certi e attending permit. Th ion, or rem	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SDCIAL SECURITY ND. 17. INFORMANT Address 5, no, or unknown) ((If yes give war or dates of service)
it the death ian. d by the atter ransit permit. cremation, or		NO HINKOWN) (If yes give war or dates of service) 465-07-5199 MRS. EDNA ANDREW - 305 GORDY RD SALISBURY, NO
the d		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH
hat the cian. ed by t		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congesting Alexant You Care
if The law requires that is or attending physician fifered has been signed bfor use as the burial-trailealth prior to burial, or the burial or the burial.		Conditions, If any, which \ On the stand of
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s be special solution to the second solution		cause (a), stating the underlying cause last.
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I. The land or at all or at fincate health	FICA	YES ND
	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2Db. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
IVSI his tach Dept		2Dc. TIME DF INJURY Month. Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
d by the Affer the defect the def	MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)
		21. I certify that (I) (this hospital) attended the deceased from $\frac{9-11}{2}$, to $\frac{4-17}{2}$, to $\frac{4-17}{2}$, that (I) (we) last
sho sho	П	saw the deceased alive on 4/3 19/6, and that death occurred at 3:10A M, from the causes and on the date stated above.
OR ATTENDING I be retained by i DIRECTOR: After ge 3 should be led with the State	П	ATTENDING MED. STAFF
		22c. PHYSICIAN'S 22d. ADDRESS
6. ↔ □ □ □		NAME (Type) GEORGE H. HENNING DELETE
Page 'O FUNI directi should	23	Presential to-rated 1
	24	BURINE #16/66 ST. PAUL'S CENETORY MARION STATION MD. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR'S SIGNATURE
VR A15 (4)		BRADSHAW - SONS. CRISTIELD, MD. DATE 18 1966 PChanles Judge
15M 4-64	_	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06464 CERTIFICATE OF DEATH 24 hours after death. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Wicomico Maryland Wicomico the MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 412 we carbon pap event, within Camden Court Camden Court NO X YES completely i 3. NAME DE First Month Middle Last DATE Day Year DECEASED RICHARDSON HOWARD THOMAS APRIL 25 1966 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Ye physicial and in pleasible remains and in any wal, Male White WIDOWED [DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? Wor.Co.Maryland Salesman -Tobacca ed by the attending phy-transit permit. Then p, cremation, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Matilda Bonneville James Thomas Richardson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT S.Bichardson(Wife)412 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Marv W.W.#I Yes 1 shurv 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. been Significations the burial-tra signed DUE TO Cenditions, if any, which (b) gave rise to Immediate **DUF TO** cause (a), stating underlying cause last (c) 88 CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO X YES [the hospital 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached for OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. While Not While at work at work retained v 4-25 21. I certify that (I) (this hospital) attended the deceased from 19 5. that (I) (we) last DIRECTOR: age 3 should lied with the and that death opcurred at OOPM. from the causes and on the date stated above. saw the deceased alive on 4-18 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. director, page should be filed M.D. DIRECTOR PHYS. 4 may FUNERAL 22C PHYSICIAN'S 22d. **ADDRESS** NAME (Type Dr. Earl Camden Ave. Salisbury, Maryland L. Bo 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 0 Salisbury, Maryland Wicomico Memorial Park Apr. 28 1966 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 1366 SALISBURY MARYLAND VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Wicomico Maryland Worcester MARYLAND papers. Pages hin 72 hours after CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours Salisbury Berlin .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? Peninsula General Hospital RFD Box 219 YES NO IX etely within carbon 3. NAME OF Last DATE Month Day DECEASED event, Robbins (Type or print) Mary Α. DEATH April 10 19 66 executed 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days 교 Negro Female Sept. 1.1891 WIDOWED IX DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be COUNTRY? Worcester. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Smack Annie Perdue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address OF (Yes, no, or unkown) | (If yes give war or dates of service) Arnold Robbins. RFD Box 2A, Berlin, MI 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: Acute Pulmonary Edema hour IMMEDIATE CAUSE (a) signed DUE TO Congestive Heart Failure Conditions, If any, which week been gave rise to immediate the l DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO DO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached f 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 8/12/57 tn 4/10/66 21. I certify that (I) (Missinguital) attended the deceased from... DIRECTOR: age 3 should led with the and that death occurred at 104 M, from the causes and on the date stated above. /66 saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING K 4/13/66 DIRECTOR 22c. PHYSICIAN'S TO FUNERAL 22d. **ADDRESS** director, p should be 1 NAME (Type) Ivory Sully, MD Box 126, Berlin, Md. 21811 Jr NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. VR ALS (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 06169 MEDICAL EXAMINER'S CERTIFICATE ΩF HEALTH DEPT. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Wicomico Wicomico MARYLANO Department after death: cessary, e funeral may be CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Quantico Salisburv Rura1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State P.O.B.#84 Pen.Gen.Hospital YES X NO NAME OF First Middle Last DATE Year Month DECEASED the 72 OF DEATH APRIL. 19 66 RUSSELL ALBERT ROBERTS 19 (Type or print) 2 with with 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED of Give Pages along Market Months Days Hours Male 80 MIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY?
U.S.A 11. BIRTHPLACE (State or foreign country) Clara (Wico. Co.) Md. Retired Farmer Farming any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours XAMINER: This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item 1 ould be forwarded to the Chief Medica! Examiner's Office a Zipporah Price Benjamin O.Roberts e T 15. WAS DECEASED EVER IN U.S. ARMED FORCES? C. Roberts (Wife) Box#84 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes pive wer or dates of service) permit. I Mrs.Emma Quantico. Marvland INTERVAL BETWEEN ONSET AND DEATH Hours 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit p Rupture of gall bladder Conditions, if any, which Lacerated liver Hours (b) gove rise to immediate DUE TO cause (a), stating the underlying cause last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMEO? YES T NO I 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Car ran off road. WEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 201. (City or town) (County) (State) factory, street, office bldg., etc.) While at work Not While Salisbury. Wicomico. Md. et work & L. Dashiell Road 1-18-66 designated should files. 21. I certify that I took charge of the remains described above, held an Autopsy 3. Inspection Inquiry and in my opinion DIRECTOR: Undetermined manner death resulted from: Natural causes ... Accident X. 8úicide Homicide CHIEF MEDICAL EXAMINER your **ACTUAL** 22. DATE SIGNEO ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE please exect director. Pa retained for O FUNERAL D of Health or L_Rover DEPUTY MEDICAL EXAMINER NAME (Type) 400 Camden Ave. Salisbury, Md. Address (Street, city, town, or county) April 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF (State) o to Apr.22/1966 Wicomico Memorial Park Salisbury. Maryland FUNERAL DIRECTOR REC'O BY REGISTRAR 24. 25b. VR ALSME (5) SALISBURY MARYLAND HOLLOWAY COMPANY 1/65

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X	M	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST	CALIH
FOR S	STATE		06170 MEDICAL EXAMINER'S CERTIFICATE O	
BEAUTH	DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (W	Where deceased lived, If institution: Residence before admission
			Wicomico Marylano Marylano Maryl	land b. county Wicomico
eral be	ath.	\vdash	U U	ide corporate limits, write RURAL and give nearest town
fun fun	epartment ter death.		Salisbury Salis	bury '
E IV	afte		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC
ay 3 t	State hours			Shad Point Road YES X NO
2, and PM3.	the S 72 ho	3.	NAME OF FIRST MIDDLE ROSS 4. OF THE PROPERTY EUGENE ROSS	OF APRIL 16 1966
= 1 8	A		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male white widowed Divorced A Sept. 23/1893	9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR last birthday) Months Days Hours Min.
ter death. Give Page: x with fo	1 and event	100 du	0e. USUAL OCCUPATION (Give kind of work done) uring most of working life, even if retired) Retired Policeman Police Baltimore, Ma	or foreign country) 12. CITIZEN OF WHAT
hours af em 18. (ice along	pages in any	13	3. FATHER'S NAME Conrad Ross (Unk)	,
24 har officer of the	File, and	15		Address Hanni dan Ct
er's	permit. removal		Yes, no, or unknown) (Hyes give was or dates of service) 63-22-4148 Mr. Eugene A. Ro	Ss (Son) 184 Harrison St N.J. Phone 201 - 261 - 8986
ted with in penci xaminer			18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute adrenal insufficiency	INTERVAL BETWEEN
executed ding" in ical Exan	27		32 -1 DUE TO	
be exer pending Aedica	20 00		Conditions, if any, which \ (b) Chronic pancreatitis	days
·o: =	burl		gave rise to immediate Cause (a), stating the DUE TO	
shoul word Chief	as a significant of the signific		underlying cause last. (c) Chronic alcoholism	years
the w	used a to buri	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	SECONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES TO NO
s certificate rriting the rded to the	or prior	CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ry in Part I or Part II of Item 18.)
ER: Thi cate, v forwa	3 should agent,	MEDICAL		20f. (City or town) (County) (State)
ME P	386	2		spection [X], Inquiry [X], and in my opinio
EXA Should	OR: 6		death resulted from Natural causes 1, Accident , Suicide , Homicide	, Undetermined manner
e 4 s	RECT its de		ACTUAL CHIEF MEDICAL EXAM	
Pag Pag	2 2		Dr. Earl I. Rover DEPUTY MEDICAL EX	L BOURINES
UTY O. C.	ERA (EXAMINER'S)	y, town, or county) April 18 /1966
DEP least rect rect	FE	232	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23	3d. LOCATION (City, town or county) (State)
5 2 2 5	200		Burial April 18/66 Wicomico Memorial Park	Salisbury, Maryland
	In	1	100 0	Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AL	SME (5) (1)	H	HOLLOWAY & COMPANY SALISBURY, MARYLAND DAAPK 2	0 1966 Schanles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY completely filled in by the f we carbon papers. Pages 1 event, within 72 hours after Worces Icomico MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) hours 15 bary e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO DENINSA YES NAME OF DATE Middle Month Day Year Last DECEASED OF DEATH 25 1966 (Type or print) 0 executed e remove (in any eve SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9, AGE (fn years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Hours WIDOWED DIVORCED (County & State, or fereign country) ma 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY physician n please lease and ir during most of working life, even if retired) COUNTRY? TOUSEWIFE Oven Home certifieat FATHER'S NAME been signed by the attending by the burial-transit permit. Then or to burial, cremation, or removal INFORMANT EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) death CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. .Influenza DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO r this certificate has bee detached for use as the te Dept. of Wealt prior to cause (e), stating the underlying cause last. (c) WAS AUTOPSY PERFORMED? CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR. After this certificate h director, page 3 should be detached for use should be filed with the State Dept. of "leall" | NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour e.m. While Not While þ 19 at work at work Page 4 may be retained . 19 6. . that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 46 and that death occurred at. _M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING M.D. PHYS PHYS. ADDRESS 22d. PHYSICIAN'S 24 NAME (Type) (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. REC'D BY REGISTRAR 25b. REGISTRAR'S FUNERAL DIRECTOR VR A15 (4) 19 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH-AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DET HEALTH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Wicomico Maryland Wicomico MARYLAND Department b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Salisbury(Salisbury (Forest Lake) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE DN A FARM? the State 772 hours a D.O.A.Pen.Gen.Hospital Kipling Dr. No X EXAMINER: This certificate should be executed within 24 hours after death. If any deli-e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. 3. NAME OF First Middle Last DATE Month Year DECEASED WILLIAM VINCENT SHOCKLEY (Type or print) DEATH April 20 66 19 6. COLOR OR RACE | 7. MARRIED IN NEVER MARRIED AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. 26 Hours Male White 24/1927 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Glyakind of workdone during most of working lifa, even if retired)

10b. KiND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Carpet S Co-owner Carpet Willards, Maryland U 13. FATHER'S NAME William Franklin Shockley Lida L. Shockley Shockley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs.Elizabeth Catherine Shockley(Wife (Yes, no, or unkown) (If yes give war or dates of service) permit. Kipling Dr. (Forest Lake) Maryland 2 Many L DETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). I PI-2-1222 a burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cervical DUE TO Conditions, if any, which (b) gave risa to immediate **DUE TO** causa (a), stating the rq. used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY MEDICAL CERTIFICATION PERFORMED? YES F ND N 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING [] CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) accident 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED 20f. (City or town) (County) (State) While Not While at work Highway Westore 1966 Somerset-CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and In my pointon DIRECTOR: death resulted from Accident 3. Suicide Undetermined manner Natural causes L. I. Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6 Dr. Earl L. Rover DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** please es director. retained Camden Ave. Sarisbury. Md. Address (Street, city, town, or county) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF To Apr. 23/1966 Line Church Cemetery Wicomico Co Maryland
ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ALSME (5) SALISBURY, MARYLAND



15%	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	10
	CERTIFICATE OF DEATH	69
r death. funeral 1 and 1 and 1 and	1. PLACE OF OEATH e. COUNTY D. COUNTY Somerse	
24 hours after death. filled in by the funeral apers. Pages 1 and 2 nows after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL end give new RURAL and give new	
	Od. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15	RESIDENCE N A FARM?
and completely remove carbon is any event, with	3. NAME OF OECEASED (Type or print) G7309 F SIGNAPLES OF OEATH April 28	Year 19 6.6
and com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 2/4/1886 last Olythday) Months Days Hi	
be persicial a section and in a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. XIND OF BUSINESS OR ILL BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF COUNTRY? Springville, New York	TAHV
rtificate ng phy Then pl	13. FATHER'S NAME Fred Si ddons Kate Hawley	
attendi attendi irmit. 1 n, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) (Yes, no, or unknown) (If yes give war or dates of service) (Yes, no, or unknown) (If yes give war or dates of service) (Yes, no, or unknown) (If yes give war or dates of service)	, Md.
quires that the graph of physician. The signed by the burial-transito burial-transito burial, crem	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (e), stating the DUE TO DUE TO DUE TO DUE TO	L BETWEEN ANO DEATH
	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PE YES	AS AUTOPSY REFORMED?
PHYSICIAN: the hospital this certific detached for Beached for		(State)
ING PHY by the offer thi be deta State Da	Hour a.m. While Not While fectory, street, office bidg., etc.)	
TO HOSPITAL OR ATTENDING P Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	21. I certify that (I) (this hospital) attended the deceased from Arrive, 19 5 to Arrive, that saw the deceased allve on 29 19 5 and that death occurred at M, from the causes and on the date state of the causes and on the causes and on the date state of the causes and on the date state of the causes and on the causes and on the causes and on the causes	tated above.
TO HOSPITA Page 4 ms TO FUNERAL Ge director, p	23a. BURIAL, CRÉMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) FIGURE (Specify) Princess Anne Adoress Princess Anne, Md. 125a. REGISTRAR 25b. REGISTRAR'S SIGNATURE.	
15M 4-64	Linely Harman DAMAY 2 1968 genances you	



MARYLAND STATE DEPARTMENT OF HEALTH

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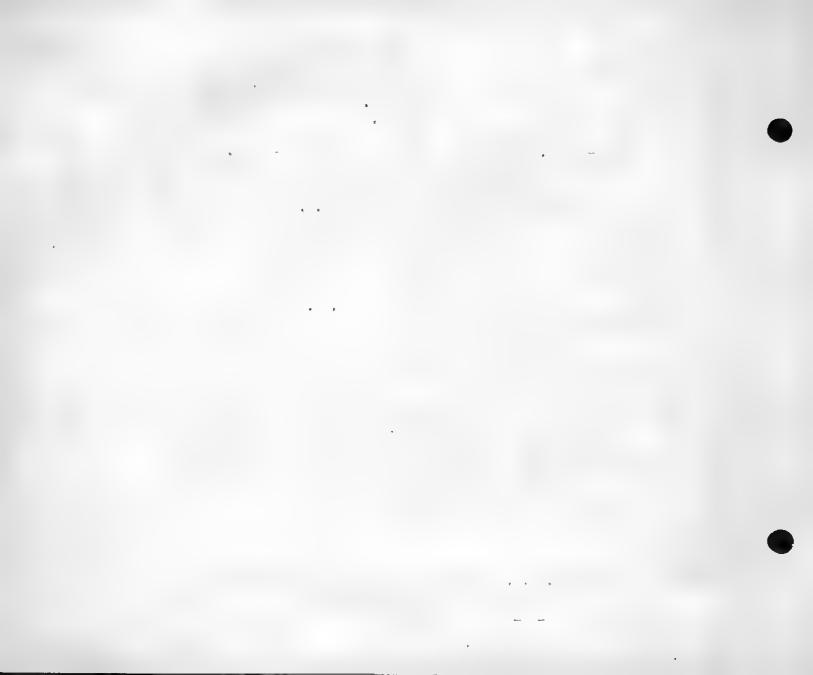
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY apletely filled in by the 1 carbon papers. Pages 1 pt. within 72 hours after b. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d/STREET ADDRESS e. IS RESIDENCE ON A FARM? XXXXX Shavox NO X YES executed within NAME OF 3. DATE Middle Lasi Month Day DECEASED (Type or print) DEATH 1966 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 6. COLOR OR DATE OF BIRTH RACE 8. 9. 7. MARRIED X NEVER MARRIED [Sent_2/1902 DIVORCED I WIDOWED Then please refreences removal, and in a 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe during most of working life, even if retired) INDUSTRY COUNTRY? S U House Wife Mich. None death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E.Baker Lulu Larr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mr. Preston T. Smith(Husband) R.D.# 16. SOCIAL SECURITY NO. has been signed by the atten as the burial-transit permit. prior to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) No Shavox) Parsonsburg, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). NTRACEREBRAL Hemorkey days or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use certificate PERFORMED? YES NO L the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) After this certify and be detached for the State Dept. of It MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm,) (State) 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc. Hour a.m. While Not While at work retained by p.m. 19 at work TO FUNERAL DIRECTOR: At director, page 3 should be should be should be filed with the S 19 66 to 21. I certify that (I) (this hospital) attended the deceased from 4-15 that (I) (we) last and that death occurred at 525 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a, SIGNATURE 22b. MED. TO Hostrassi Page 4 may 1 M.D. PHYSICIAN'S 22d. ADDRESS Robert .Adkins Fruitland. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Wicomico Memorial Park Salisbury, Maryland REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR SALISBURY.MARYLAND YR A15 (4) COMPANY 15M 4-64



٦.	U6176 CERTIFICATE OF DEATH 05172
l	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission as STATE. 3. STATE. 4. COUNTY.
-	Wicomico Maryland *. STATE Maryland b. COUNTY Wicomico
ı	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury c. LENGTH OF STAY IN 1b Salisbury
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. 15 RESIDEN
	ON MATARA
e.	3. NAME OF First Middle Lest 4. DATE Month Day Year
	DECEASED (Type of punit) NELLIE PROUSE SMITH OF DEATH 4 11 19 66
-	5. SEX 6. COLOR OR RACE 7 MADDIED NEVED MADDIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER) YEAR IF UNDER 24 HR
ı	Female White WIDOWED DIVORCED 8-9-1877 88 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION [Give kind of work done during most of working life, even if refired] 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTI
	Retired Nurse Practical Nurse Maryland U.S.A.
-	13. FATHER'S MAIDEN NAME
	Richard B. Smith Marian Littleton
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] [[Hyesgivawarordatesofservica]]
	No None Mrs. Katherine Taylar Salisbury, Maryland
	18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
l	immediate cause (a) Congreture Wan delle Sauge
ı	DUE TO 2 WOOD
l	Conditions, if any, which gave rise to immediate cause (b) (b)
l	(e), stating the underlying DUE TO DAD Dead Employee
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
	20s. ACCIDENT WAS UNDERLYING [] , 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of nivry in Part I of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH Under the contribution CAUSE OF DEATH Under the contribution CAUSE OF DEATH
	ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Hour a.m. While Not While at work at work at work
l	Hour a.m. While Not While factory, streat, office bidg., etc.)
	21. I certify that (I) (this hospital) attended, the deceased from
l	saw the deceased alive on appeal
l	226. SIGNATURE 226. DATI ATTENDING MED. STAFF 1 21 2066 SIGN
l	M.D. PHYS. DIRECTOR PHYS. L1 4-14-1900
۱	22c. PHYSICIAN'S NAME (Type) Dr. A.C. Newnam Salisbury, Maryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State)
	REMOVAL (Specify)
п	Burial 4-14-1966 Parsons Cemetery Salisbury, Maryland
-	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2504 MOND NO SIGNATURE ADDRESS 2504 MOND NO SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death, nd completely filled in by the funeral smove carbon papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before odmission PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Wicomico MARYLAND Marvland Wicomico b CITY OR TOWN (It auts de carparate limits, C LENGTH OF STAY IN IP c CITY OR TOWN (If autside corporate limits, write RURAL and give necrest town) write RURAL and give negrest town) ion papers. Pag within 72 haurs Yrs. Parsonsburg Parsonsburg d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS e IS RES DENC ON A FARM? YES NO X Shav Ox Rd. Shav-ox Rd. Rt #2 3 NAME OF 4 DATE Muddle LOST Menth Day Year DECEASED 0F 19 (Type ar print) SPENCER DEATH LAURA BEALE IF LINDER LYEAR S SEX IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF SIRTH AGE (In years birthdoy) Months Davs Hours Aug. 5.1884 Female White DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY U.S.A. the attending physician sit permit. Then please Delaware Own Home House Wife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Beale UNknown INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war ar dates of service) Unknown Mr. W. Oakley Spencer. Same 18. CAUSE OF DEATH (Enter only one cause per line ter (a), (b), and (c) PART ! DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (b) signed by 42,00 DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause the has been 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate fa 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Nat While at wark TO HOSPITAL OR ATTENDING at work 25, 196, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 1/17/207, director, page a strange should be filed with the St Page 4 may be retained fee and that death accurred at M. From causes and an the date stated above. saw the deceased alive ap-22b. DATE SIGNED 22a. cSIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Dr. L.V. Sohler NAME (Type) Delmar, Maryland 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 23g. BUR AL, CREMATION, (County) (State) REMOVAL (Specify) 4-27-1966 Whitevilles, Delaware Line Cemetery PR 2 6 196 ADDRESS 24. FUNERAL DIRECTOR 1966 VR A15 (III) Hill Funeral Home Salisbury, Maryland



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death, death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. COUNTY b. COUNTY STATE papers. Pages 1 in 72 hours after NICOMICO Maryland MARYLAND omerset CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Pagi vears filled in Princess Anne LISBURY d. NAME OF HOSPITAL OR INSPITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OA within YES NO X mpletely carbon p executed within NAME OF 3. DATE Month Day Year Last DECEASED DF DEATH event, Mary (Type or print) 19 EAGL 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IF UNDER 24 HRS. | Iast burthday) | Months | Deys | Hours | Min. 7. MARRIED NEVER MARRIED WIDOWED 7 OIVORCEO [10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT sician leasek and in during most of working life, even if retired)
Retired COUNTRY? physicia Retired West Virginia 8 death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address has been signed by the attent as the burial-transit permit. (Yes, no, or unknwn) (If yes give war or dates of service) P. Jones . Princess Anne Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a). DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate the ched for use of Health PERFORMED? NO DE YES ! 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Finter nature of injury in Part 1 or Part II of Item 18.) detached detached e Dept. d MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) TO FUNERAL DIRECTOR: After the director, page 3 should be dissipated should be filed with the State Hour a.m. Not While While be retained by at work et work p.m. 1966 9- 17 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. 66 - 19 and that death occurred atsaw the deceased alive on_# OATE SIGNED 22a. SIGNATURE ATTENOING CREBU director, page should be filed M.O. DIRECTOR PHYS. Page 4 may P 22c. PHYSICIAN'S **ADDRESS** NAME (Type) Eninsul a. BURIAL CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF 66 Esrel Princess Ma Menreal Anne ADDRESS REC'O BY REGISTRAR FUNERAL DIRECTOR illiam H. James Jr. Princess Anne. Md VR A15 (4) 15M 4-64

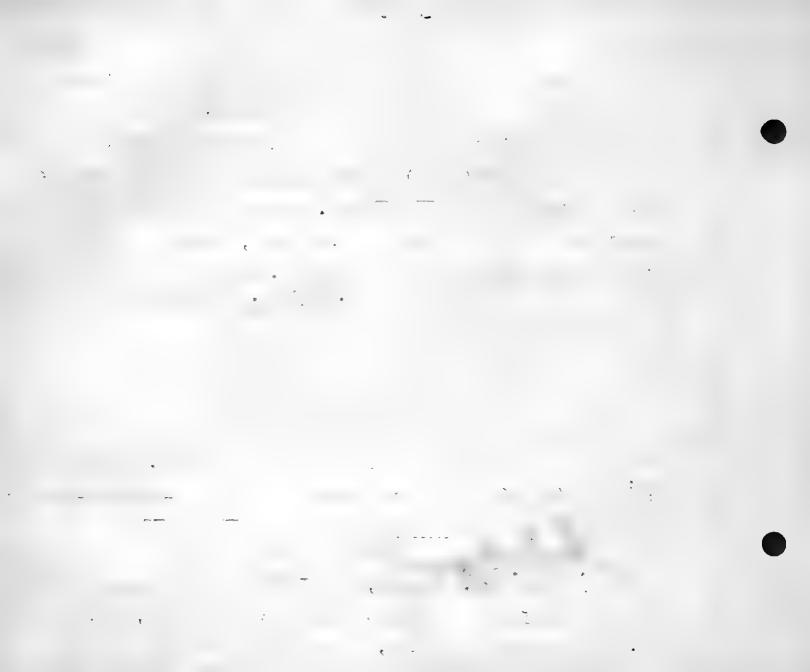
MARYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
= = 27	3	O6179 CERTIFICATE OF DEATH 0617	5
24 hours after death. filled in by the funeral appers. Pages 1 and 2 appers after death.	1,500	PLACE DF DEATH	ssiph)
er fi	9	I a. SIAIE D. COUNTY	-
aff by the	2	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland Worcester c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	own)
vithin 24 hours after or vithin 24 hours after or batter fulled in by the furbon papers. Pages 1 section papers.		Salisbury 40 Days Berlin	
Hed pers	2	ON A PAR	tM?
in 2 ly fi	1/		
with lete		DECEASED	
p d		(Type or print) Jennie Lee Timmons DEATH April 18 1966 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 2	4 HRS
executed within 24 hours and-eampletely filled in by the papers. Par and an anomale within 27 hours	<u> </u>	Female White Wilder Hours August 12 1886 Jast birthday) Months Days Hours	Mln.
ex E		1Da. USUAL OCCUPATION (Give kind of work done. 10b. KIND OF BUSINESS OR. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	
be sicia ease	2	HOUSEWIFE CON HOME WORCESTER, MARYLAND U.S.A.	
phy n pl	401	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ing The		Philmore DENNIS SAILY ANNE HUNTINGTON	
h co	5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / Address (Ves. no. or unlown) Lift year of water of a text of service)	1
deat e at perm	j j	NO No MRS, MILDRED BAKER SNOW HILL, M	d,
The law requires that the death certificate be executed within or attending physician, and executed within are has been signed by the attending physician and exampletely to see as the burial-transfi permit. Then plasse, emove barbon path prior to burial remain or removal and in amounts within	181	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: Address of the control of the contro	ATH
ian tan big page page page page page page page pag	2	IMMEDIATE CAUSE (a) Adenocarcinoma of the uterus 4 years	3
ts the hysical property of the	<u> </u>	Conditions, If any, which \ (b)	
graine graine en sepu	5	gave rise to Immediate (
ndir s the	5	cause (a), stating the DUE TO underlying cause last. (c)	
atte	3.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMI	PSY
The Cate	<u> </u>	YES NO	À
d friff	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMING 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTO PERFORMING YES NOTIFY MEDICAL EXAMINER)	
SIC. hos s ce ache			
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transferent of the purial transferent of the purial transference of the property of the purial transference	2 :	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State of the control of the county) 4 While 19 19 19 19 19 19 19 1	te)
ING Afte	Pio Pio		
END Bine The ould	E .	21. I certify that (I) (this hospital) attended the deceased from 3/9, 1966, to 1/18, 1966, that (I) (well saw the deceased alive on 1/1/18, 1966, and that death occurred at 10:20, from the causes and on the date stated at	last
ATT ATT retts 3 shifth with		22a. SIGNATURE 22b. DATE SIGNED	JUAR.
Dige of the second	3 .	M.D. ATTENDING MED. STAFF DI 4/18/66	
TTAI may	= /	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	24.2
10SP 3e 4 UNE ecto		L. V. Maldve, M. D. Deer's Head State Hospital, Salisbury,	
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be expanded may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician adjusted to page 3 should be detached for use as the burnal-transit permit. Then please, A permit then please, A permit the please, A permit the please.		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State Present Control of Con	
	20	BURIAL PRIL 221966 EVERGREEN CEM, BERLIN MARYLA 24. FUNERAL DIRECTOR ADDRESS (258. REGISTRAR) 256. REGISTRAR'S SIGNATURE	1 -1
VR AI5 (4)	15	Ame A. Bulage Bulin Mr. AFR 22 1966 gCharles Judge	
20M 1/65		I DHIE W D TOOD I	



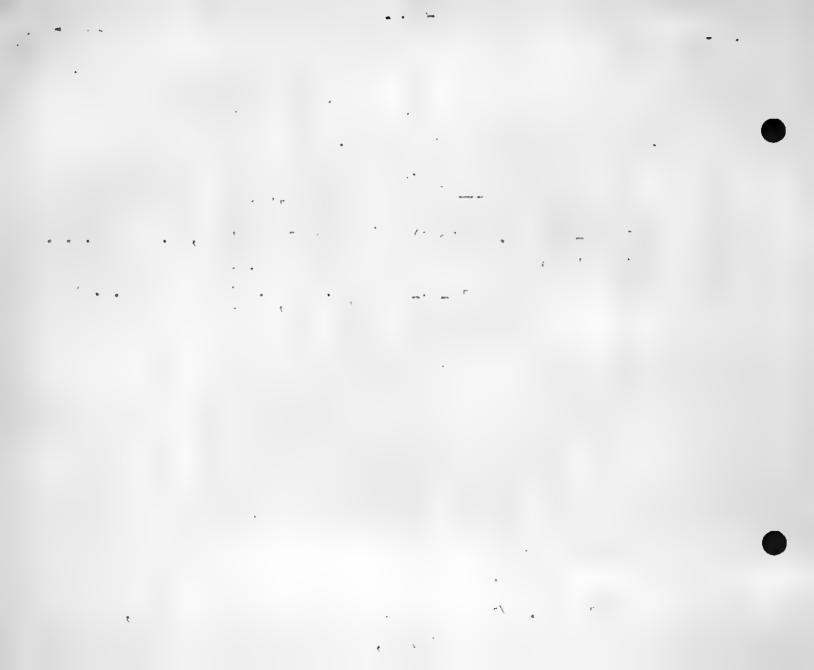
1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	OVIAND
FOR S	STATE	06180 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07176
HEALTH	DEPT.	1. PLACE OF DEATH a. COUNTY Wicomico MARY(AND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence) a STATE Maryland b. COUNTY Wic	ildence before admission)
ressary funeral may be	Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL end give quarest town) C. CITY OR TOWN (If outside corporate limits, write RURAL end give quarest town) Salisbury Salisbury	-
o to e E	ter	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
3 t.	State I hours a	Wicomico River 162 Sheldon Avenue	ON A FARM? YES NO
a≡y del 2, and PM3. □	the 72		Day Year 30 1966
th. If ges 1, form	2 with within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months D OVER MARRIED DEC. 1/1959 6 vrs. 044 2	YEAR IF UNDER 24 HRS. Hours Min.
ter death. I Givill Pages g with form		10a, USUAL OCCUPATION (Give kind of work done 10b, Kino OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CIT during most of working life, even if retired) INDUSTRY COU	IZEN OF WHAT
	ages	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME) <u> </u>
tem 18 ffice ak	and in	Donald Corbett Townsend Ruth D.Long 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
S O S	permit. F	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hyes gire was or dates of service) None Same as above)
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning	INTERVAL BETWEEN ONSET AND DEATH Sudden
executed ding' in ical Exa	rial-trans mation,	9298 DUE TO	
<u> </u>	burial-transit remation, III	Conditions, If any, which (b) gave rise to immediate cause (e), stating the DUE TO	
should be word "per Chief Mec	as a rial, (underlying cause last. (c)	119. WAS AUTOPSY
ار الا الا الا الا الا الا الا الا الا ا	used as to buria	- CATIC	PERFORMEO?
INER: This certifica difficate, writing the be forwarded to ti	3 should be agent, prior	20a. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Wading in river and stepped in over head.	
This wr	shoil gent,	Cause of Death. Wading in river and stepped in over head. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Count factory, street, office bidg., etc.) S:30 p.m. 4/30 166 et work Not While et work River Salisbury-Wicomic	ty) (State)
INER ifficat be f	ted and	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.) Solution 10	
E certishould is	D 60	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry [X], death resulted from Natural causes, AccidentX, Suicide, Homicide, Undetermined manner	and in my opinion
T	DIRECTO Tits des	CHIEF MEDICAL EXAMINER	
MET Kecute Page 4		ACTUAL SIGNATURE Dr. Barl L. Rovan Deputy Medical Examiner Deputy Medical Examiner	22. DATE SIGNED
3- 60	400 .00	EXAMPRER'S 409 Camden Ate Salisbury, Md Address (Street, city, town, or county) May 3	/1966
O DEPUT please e director.	of me	23a. BURIAL CREMATION, 23b. Date thereof 23c. Name of CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun Burial Specify) May 5/1966 Siloam Church Cemetery Siloam Mary	* *
E	0	24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
VR AL	5ME (5)	HOLLOWAY & COMPANY SALISBURY, MARYLAND DAMAY 5 1966 Charles	Judge-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY by the fu Pages 1 after Maryland Wicomico UmI MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) and completely filled in by remove carbon papers. Pag hours 5 Days Salisbury U d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1104 Camden Ave. NO DO YES executed within NAME OF First Month 3. Middle Last DATE Day Year DECEASED DeWitt Ross (Type or print) DEATH 1966 AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. | I pst birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED 9. 1-2-1895 WIDOWED [DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY been signed by the attending physician a the burial-transit permit. Then please re ir to burial, cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT that the death certificate be COUNTRY? Retired Salesman Wholesale Groc. U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Clay Tull Margaret Elizabeth Ross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) Yes W.W.I214-10-8268 Mrs. Helen S. Tull, Same CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO VFARS Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th prior t underlying cause last this certificate has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? YES NO V 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached fi te Dept, of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MFDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) be de State 1 DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While at work at work p.m. be retained 21. I certify that (I) (this-hospital) attended the deceased from 19 6 and that death occurred at 1 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 228. SIGNATURE ATTENDING director, page should be filed M.D. PHYS. DIRECTOR Page 4 may to FUNERAL D PHYSICIAN'S ADDRESS 22c. NAME (Type) Dr. Fruitland, Maryland White. Hubert 23a. BURIAL CREMATION, 23b. DATE THEREOF BURIAL (Specify) 4-8-1965 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 Wicomico Memorial Park Salisbury, ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR 25a. 24. Salisbury, Maryland VR A15 (4) 15M 4-64



X	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
A	U6782 CERTIFICATE OF DEATH U6178
	PLACE OF DEATH a, COUNTY WICOMICO MARYLANO 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) b. COUNTY Wicomico MARYLANO MARYLANO
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	Selisbury 67 days Quantico, RFD #1
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
b	eer's Head State Hospital, Salisbury, Md. YES NO
	3. NAME OF First Middle Last 4. DATE Month Gay Year DECEASED OF
	(Type or print) Clifford Irvin Twilley DEATH April 16 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	Male White WIDOWED OIVORCED March 14/1896 18st birthday) Months 2 Days Hours Min.
ſ	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Employee-Pump Co.(Retired) Rural Quantico.Md. U.SXA.
	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
	Irvin Twilley Lillie E. Hearn
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Lida B. Twilley (Wife) R. D. #1 No. or unknown) (Hyes give war or dates of service) 215-14-3837 Mrs. Lida B. Twilley (Wife) R. D. #1 Quantico, Maryland
-	1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1
ı	PART 1. DEATH WAS CAUSED BY: Caronary Thrombosis ONSET AND DEATH
ı	+201 DUE TO
	Conditions, If any, which) (1) allevis Elevatic CV (1)
ı	gave rise to immediate (
l.	underlying cause last.) (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Infactions Poly neuritis YES NO ET
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	2Dc. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work
	21. I certify that (I) (this hospital) attended the deceased from February 9, 1966, to April 16., 1966, that (I) (we) last saw the deceased alive on April 10, 1966, and that death occurred all 115 M, from the gauses and on the date stated above.
	saw the deceased alive on ADCLL LO 2 19 00, and that death occurred at 1.215 M, from the causes and on the date stated above.
	ATTENDING MED. STAFF D 1.76/66
1	M.O. PHYS. ORECTOR PHYS. U1/10/00
	NAME (Type) Robert J. Gore Dear's Head State Mospital, Salisbury, 1k
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Apr. 20/1966 Parsons Cemetery Salisbury, Maryland
I	24 FUNERAL DIRECTOR ADDRESS 1.25a, REC'O BY REGISTRAR 1.25b, REGISTRAR S SIGNATURE
	HOILOWAY & COMPANY SALISBURY, MARYLAND DATAPR 20 1956 grimles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06183CERTIFICATE OF DEATH after death funeral 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Wicomico Maryland COM1 CO the MARYLANO Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ bon papers. Pag within 72 hours hours Willards Rural Willards (Rural) = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? R.D.# R.D. YES NO I etely executed within pou NAME DE First Middle Last DATE Month Oav 4. Year DECEASED LEVIN VIRGIL 1956 TYNDALL APRIL 14 car (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIEO OATE OF BIRTH last birthday) Months | Oays, Hours Male White May and 28 WIDOWED [OLVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? sicis leas Laborer S Nursery Wicomico Co. Maryland attending physic ermit. Then plea 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME removal Elmer Lee Tyndall Mamie Addie Bratten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? igned by the attend lal-transit permit. rial, cremation, or r 17. INFORMANT Mrs.Clara E. Hudson(Sister)R.D 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) 49-6830 Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. CEATH WAS CAUSED BY: attending physician, signed burial-ti burial, Conditions, If any, which peen rise to immediate the character DUE TO cause (a), stating the underlying cause last, 35 CERTIFICATION PARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? cert.ficate hospital or YES NO S PHYSICIAN: 20a. ACCIOENT WAS UNDERLYING VI OR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) I be detached for State Dept. of I MEDICAL 20c. TIME OF INJURY Month, Oay, Year 2Dd. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or tewn) --- (County) (State) factory, street, office bldg., etc.) Hour After d Not While at work p.m. at work retained should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at Salam, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. OATE SIGNED SPITAL OR 4 filed ATTENDING PHYS. MED. OIRECTOR STAFF PHYS. Apr. 1966 M.O. Fage 4 may FUNERAL PHYSICIAN'S ADORESS 22d. director, Frank llards, Maryland NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. 23c. (State) 0 Line Church Cemetery Apr. 16/ 1966 MERRWicomico Co. Md. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR SALISBURY, MARYLAND COMPANY VR A15 (4) 20M 1/65

1/0	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
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	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
VR A15 (4) 15M 4-64	Spenter TV April 1 1966 galantes Judge				



11.4	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE 116186 OF DEATH funeral and 2 and 2 death. after death 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY STATE the h b. COUNTY and completely filled in by the f remove carbon papers. Pages 1 any event, within 72 hours after RCISTED A 100m10 RILLAND MARYLAND 6 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 6 U d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET IS RESIDENCE ADDRESS ON A FARM? YES NO S NAME OF death certificate be executed within 3. DATE First Middle Month Day 4. DECEASED (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 8. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [attending physician ar ermit. Then mass fer on, or removal, and a 1Da. USUAL OCCUPATION (G.ve kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? STIRED a L1 19. FATHER'S NAME MOTHER'S MAIDEN NAME STHA 5 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. After this certificate has been signed by the atten Id be detached for use as the burial-transit permit. e State Dept. of Health prior to burial, cremation, or i (Yes, no, or unkown) [(If yes give war or dates of service)] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the following physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO causa (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? CERTIFICATI Generals2. NO X YES [20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. White Not While at work HOSPITAL OR ATTENDING Page 4 may be retained by 19 at work 1966 1966 that (1) (mg) last april 24 director, page 3 should should be filed with the 20 21. I certify that (I) (this hospital) attended the deceased from a to and that death occurred at/ 35 M, from the causes and on the date stated above. 19 65 saw the deceased alive on. DATE SIGNED SIGNATURE 22b. 22a. ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. PHYSICIANS 22d. ADDRESS NAME (Type) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23c. REMOVAL (Specify) 6 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 4-64 (m &



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06188requires that the death certificate be executed within 24 hours after death. death. etely filled in by the funeral arbon papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Wiomico a. COUNTY o. STATE Wicomico MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits. write RURAL and give negrest town)
Salisbury Salisbury 5Yrs. vithin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sp. Hill Pr. Sani. YES NO K NAME OF Middle First Last 4. DATE Month Day Year DECEASED WOOLF 19 66 BELLE 24 ADDIE (Type ar print) DEATH IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years birthdoy) Months Doys Haurs WIDOWED X Aug. 25, 1893 Female White DIVORCED ond 10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired)
House Wife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY the attending physician sit permit. Then please Maryland Own Home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal Adaline Waller Charles E. Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 10 Mr. John Woolf, Chatham, N.Y. No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY hrombosis IMMEDIATE CAUSE (o) DHE TO SYE byal teriosclerosis Conditions, if any, which gave rise to immediate couse (a). **DUE TO** stating the underlying couse the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PHYSICIAN: The CERTIFICATION YES F NO K O FUNERAL DIRECTOR: After this certificate Par 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While factory, street, office bldg., etc.) at wark TO HOSPITAL OR ATTENDING Page 4 may be retained by the at wark 21. I certify that (1) (this hospital) ottended the deceased from Cleant 18, 1961, to Core 24 19 66 that (1) (we) last saw the deceased alive an Covil 13 1966, and that death occurred at 6350 M, frank causes and on the date stated above. 22g. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. director, page 3 should be filed w DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S NAME (Type) Md. HOMAS 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 13d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Salksbury, Maryland 4-27-1966 Parsons Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Minutes Judge 1966 Salisbury, Maryland Hill Funeral Home Tleman 1. Baber

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	MARYLAND STATE DEPARTMENT OF HEAD DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRI	LTH EET, BALTIMORE 1, M <i>i</i>	ARYLAND
V T	6189 CERTIFICATE OF DEATH		06185
113	1. PLACE OF DEATH 8. CDUNTY 2. USUAL RESIDENCE (Where		sidence before admission)
	Wicomico Maryland 8. STATE Maryla	nd b. CDUNTY	cester
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TOWN (if outside of the company of the	corporate limits, write RURAL a	and give nearest town)
	Salisbury 981 Days Berlin	2	2 2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
	Deer's Head State Hospital, Salisbury, Md. Rt. #3		YES NO
	3. NAME DF First Middle Last 4. DAT	TE Month	Day Year
	(Type or print) Harry Verbonough	April	11, 19 66
5	5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	Male White WOWD AUXOREED 7/3/1883	82 yrs.	Days Hours Min.
1	Oa. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & St. INDUSTRY	ate, or foreign country) 12. CIT	TIZEN DF WHAT UNTRY?
10	Worked on Fish Boat Fishing Richmond, Va.		
,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
_	James P. Tarborough Katherine		
1	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unknown) (If yes hive war or dates of service)	Address	
	UNK. 261-24-0925 Deer's Head Hospit	tal, Salisbury,	Md. (Record)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN DNSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia due to renal insufficiency	7	Days
1	603X DUE TD		
	Conditions, If any, which gave rise to immediate (b)		
	cause (a), stating the 2 DUE TD		
180	underlying cause last. (c)		
FRTIEICATION	PART 11. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED?
) In	Status post fracture of left hip 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In	Post I as Post II as las " 10"	YES ND X
CERT	Status post fracture of left hip 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	Part : or Part () of (tem 18.)	
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f.	(City or town) (Coun	ty) (State)
MEDICAS	Hour a.m. While p.m. 19 at work at work	(County (County	ry) (2rare)
M		1./11	
		D 4/14 19 60	6, that (I) (we) last
	saw the deceased alive on 1/11 1966, and that death occurred at 2:50M,		e date stated above.
	ATTENDING - MED.	STAFF TO 1 /	15/66
1	R2c. PHYSICIANS DIRECTOR NAME (Type) C F Cutti Owner Council M D 22d. ADDRESS	LI PHYS. (A) 47.	1)/00
	NAME (Type) C. F. Gutierrez-Garrido, M.D. Deer's Head St	tate Hospital Sa	ald shurer Md
2		tOCATION (C)ty, town or coun	
)	Tenural (1-20.66 (metry) 150	relto nud	
1	24. FUNERAL DIRECTOR 25a. REC'D BY RE		SIGNATURE
	There M West DATE ATK 2:	1 1966 yellard	and and
1000			

